

Version 03

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# **Health Care Delivery Program Data Conversion Specifications**

Prepared for  
The Office of the Under Secretary of Defense  
Personnel and Readiness  
And  
The Defense Manpower Data Center

11 January, 2001

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Developer's Representative Signature

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## **1. Scope**

### **1.1. Purpose**

This document defines the data conversion specifications for the Health Care Delivery Program (HCDP) portion of the redesigned Defense Enrollment Eligibility Reporting System (DEERS), Version 3.0.

### **1.2. Overview**

#### **1.2.1. System Overview**

The primary mission of the existing DEERS is to reduce the fraud and abuse of Department of Defense (DoD) benefits while ensuring that beneficiaries receive the benefits they are entitled. Through various systems that interface with DEERS, users access medical, dental, and insurance information. Each system performs distinct tasks; however, all query the DEERS database for information pertaining to the benefits determination for active duty and retired members of the Army, Navy, Marine Corps, and Air Force, their family members, and their survivors. In addition, legislative actions authorize the provision of health care to DoD, United States Coast Guard (USCG), United States Public Health Service (USPHS), and National Oceanic and Atmospheric Administration (NOAA) personnel. This broad system of reciprocal health care delivery is referred to as the Military Health System (MHS).

Currently, DEERS interacts with the following entities within the MHS community:

- Composite Health Care System (CHCS)
- Managed Care Support Contractors (MCSCs)/Claims Processors
- Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) Fiscal Intermediaries (FIs)
- Designated Providers, formerly known as Uniformed Service Treatment Facilities (USTFs), now referred to as Uniformed Services Family Health Plan (USFHP) providers
- Health Benefits Advisors and other users throughout the continental United States (CONUS) and outside of the continental United States (OCONUS) via the Government Inquiry of DEERS (GIQD) application
- Base Realignment and Closure (BRAC) Pharmacy benefit program contractors
- Continued Health Care Benefit Program (CHCBP) administrators
- DoD Mail Order Pharmacy benefit program contractors

The DEERS users also include the Defense Manpower Data Center (DMDC) Support Office (DSO) Telephone Center, the Armed Forces Institute of Pathology (AFIP), and other approved users.

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The goal of DEERS is to migrate some of the functionality within the existing DEERS to a new DEERS data model, supporting the MHS Health Functional Architecture as well as additional functional requirements.

The DEERS 3.0 data model is focused on the concept of “a Person.” Under the existing DEERS, data on family members is keyed to and retrieved via the sponsor’s Social Security number. The new data model will store and retrieve this information via each individual beneficiary’s Social Security number, while defining the beneficiary’s relationship to the sponsor in separate data fields. Each beneficiary is therefore regarded as an individual person rather than as a sponsor or, in effect, an attachment to a sponsor.

DEERS is being redesigned as an integrated system consisting of a database; rules for benefits and entitlements eligibility determination and data reconciliation; a set of functional applications; and interfaces to other systems, as required. The database is an Oracle Relational Database Management System (RDBMS). An expert system, AionDS, will be used to code and store the DEERS business rules.

The redesigned and expanded DEERS will continue to be the MHS central source for personnel information from the DoD personnel community. In addition, DEERS will continue to be the source for determining DoD medical benefits.

DEERS 3.0 will support current functionality and new requirements requested by the MHS community, as categorized below:

- Maintain Health Care Delivery Program (HCDP) information
- Support Claims Processing or maintain fiscal year and enrollment year catastrophic cap and deductible (CC&D)
- Perform Eligibility verification
- Maintain Non-availability Statements (NAS)
- Maintain Person information
- Maintain specified Immunization information
- Maintain Standard Insurance Table (SIT) information
- Maintain Other Health Insurance (OHI) information
- Provide reports

DEERS will interface with the MHS community through two primary sources: Electronic Data Interchange (EDI) transactions and a DEERS client application. Systems external to the MHS that request information from DEERS will be required to communicate via EDI message structures. DEERS will also provide a client application containing the functionality required to support the non-EDI MHS community.



### **1.2.2. Data Conversion Overview**

Data conversion provides the means to transfer data from an existing environment to a new environment. The DEERS 3.0 assimilates vast quantities of data from previously isolated entities and encapsulates it; thereby providing true portability of health care. The movement to this new data model will require consolidation of data from multiple sources: DEERS old eligibility, DEERS 2.0, CHCS, the MCSCs, TRICARE Management Activity (TMA)-Aurora, and Birch & Davis Associates (B&D). These entities hold the following data to be converted.

- DEERS 2.0:
  - ❑ Person
  - ❑ Personnel
  - ❑ Benefits
- DEERS old eligibility:
  - ❑ Current alternate (alt-) care
  - ❑ Alt-care history
  - ❑ NAS
- CHCS:
  - ❑ OHI
  - ❑ Primary Care Manager (PCM) selection, including PCM Identifiers
- MCSCs:
  - ❑ Enrollment
  - ❑ Fee Payment
  - ❑ Prime CC&D
- TMA-Aurora:
  - ❑ Central Deductible and Catastrophic Cap file (CDCF) for Standard fiscal year CC&D
- Birch & Davis Associates (B&D):
  - ❑ The SIT

With all of these entities working in tandem, much coordination and attention to logistics is required to successfully migrate to DEERS 3.0. This document addresses the detailed specifications for reconciling, converting and migrating medical data into the HCDP tables of DEERS 3.0. Other specification documents will cover the remaining areas of the migration.

Given the complexity of the task, it is assumed that the migration to DEERS 3.0 will require multiple iterations of conversion program prototypes during each stage of testing. This is typical for data conversion – repeated cycles of producing export files, reconciling and converting the data, diagnosing errors, generating an error file, researching exceptions, and cleaning up the data. As these iterations progress, changes may need to be made to program logic to respond to knowledge gained in the detailed analysis of the results. TMA-Aurora, B&D, and the MCSCs

will be responsible for supporting this process by providing test files and assistance in research errors.

Within each iteration, the migration task can be broken down into the following phases:

- Export Phase
- Reconciliation Phase
- Conversion Phase
- Import Phase

These phases will be duplicated for each of the following data entities:

- HCDP
- NAS
- CC&D
  - Standard
  - Prime

The SIT migration will contain all of the above steps except for the Conversion Phase.

#### **1.2.2.1. Export Phase**

The Export Phase involves the export of existing data to sequential files. The format of these sequential files will be defined by DEERS and are documented in this and the remaining data conversion specification documents. These export files contain the data to be converted, though at this point still in its old format. Since the export files serve as inputs to the conversion process, they will hereafter be referred to as input files.

#### **1.2.2.2. Reconciliation Phase**

Each input file will be examined to ensure data validity. This is the first step in the Reconciliation Phase. If necessary, a Master Key file will then be used to associate each record with the appropriate DEERS 3.0 keys so that the information can be targeted to the correct record on the DEERS 3.0 database. In addition, the Reconciliation Phase may also involve the merging of multiple data sources, such as in the HCDP conversion, where DEERS old eligibility alt-care data and the MCSCs' enrollment data are reconciled with the assigned HCDP data.

#### **1.2.2.3. Conversion Phase**

In the Conversion Phase, existing data will be mapped field-by-field to the table formats of the new database. Each data element will be evaluated to determine its place in the new system. This may require a conversion, or may be a direct move. Some conversions will entail translating an existing valid value to new valid value. Others will involve combining current fields into one new field, or splitting one current field into several new fields.

The conversion programs will take the sequential files generated in the Reconciliation Phase, perform any necessary conversions, and migrate the data to sequential load files that replicate, in form, the relevant Oracle tables in DEERS 3.0. In addition to creating the import files, the conversion/migration programs will generate both error files and statistical reports that will be used in researching any problems that arise with the data.

#### **1.2.2.4. Import Phase**

The Import Phase involves loading the sequential load files into the Oracle tables in DEERS 3.0. After loading, the data will be validated using SQL scripts.

### **1.2.3. Health Care Delivery Program Overview**

Military personnel and their dependents may be eligible for medical benefits based on their affiliation with the military. There are three types of medical benefits that these beneficiaries may be entitled to: health, dental and special. Some of these benefits are automatically available to the beneficiaries, while others require the beneficiaries to enroll, and possibly pay a fee, to receive the benefits. Health benefits that require enrollment may also require the beneficiary to select a PCM to provide care.

#### **1.2.3.1. HCDPs in Current MHS**

The MHS has many sources of medical data, including DEERS old eligibility, DEERS 2.0, the MCSCs, and CHCS. DEERS old eligibility stores current and historical information on health care plans requiring enrollment referred to as alt-care plans. DEERS 2.0 will contain a benefits determination module that can derive a complete record of a beneficiary's entitlements based on the current and historical status of the beneficiary's sponsor. The MCSCs store enrollment information, including information on beneficiaries' PCMs. CHCS holds data on Active Duty enrollments, including PCM information.

#### **1.2.3.2. HCDPs in DEERS 3.0**

In DEERS 3.0, health care benefits are offered through coverage plans, which are referred to as HCDP coverage plans. Information on beneficiaries' HCDP coverage plans is stored in the tables in the Benefits Satellite database. For any period of time a beneficiary has particular health coverage, be it assigned or enrolled, they have one record in the HCDP table.

If a coverage plan requires a beneficiary to enroll, it will have an HCDP Enrollment record, in addition to its HCDP record, which contains information specific to the enrollment. This information includes the management system responsible for the enrollment, the effective date of the enrollment, and the date the enrollment expires. It is stored in the HCDP Enrollment table. Only information on the current enrollment period will be kept in this table. This makes the relationship between the HCDP and HCDP Enrollment table one-to-one.

Some of the enrolled coverage plans require the beneficiary to choose a PCM. Information specific to the PCM is stored in the PCM Selection table. This information includes the Region,

DMIS Identifier and Network Provider Type. A beneficiary may change their PCM selection multiple times over the course of an enrollment, so the relationship between the HCDP and PCM Selection tables is one-to-many.

The enrollment management systems responsible for enrolling beneficiaries in HCDP coverage plans require annual re-enrollment for most of these plans. Some programs may also require a fee. The re-enrollment date and enrollment fee are set at the family level. In DEERS 3.0, the information related to the family's enrollment date and fee payments is stored in the Family Policy Enrollment Year and HCDP Fee Payment tables, respectively.

### **1.2.3.3. Changes in HCDPs from DEERS Old Eligibility to DEERS 3.0**

DEERS old eligibility and DEERS 3.0 structure and store benefits differently. These differences need careful consideration during the HCDP conversion. One of the major changes occurring in DEERS 3.0 is the introduction of portable delivery programs. In DEERS old eligibility, if two members of a family are enrolled in the same health care program in different regions, they are each enrolled separately in an individual plan. In DEERS 3.0, these two family members will be enrolled in one family plan, with each family member enrolled in a separate region.

Another major difference in DEERS 3.0 is the number of HCDPs. Unlike DEERS old eligibility, which contains only enrolled alt-care plans and the eligibility for them, each of the assigned Health Care Coverage Plans in DEERS 3.0 will be tracked with an associated HCDP record. In addition, many more distinctions exist between the coverage plans in DEERS 3.0 than in DEERS old eligibility. For example, in DEERS old eligibility, a family member enrolled in a Prime plan is enrolled in TRICARE Prime E, while in DEERS 3.0, the coverage plans differentiate between the family member of an active duty sponsor, retired sponsor, and civilian DoD affiliate, among others. In total, there are five alt-care types for medical programs that are still valid in DEERS old eligibility, whereas there are approximately 30 valid medical HCDP coverage plans in DEERS 3.0.

### **1.2.4. HCDP Data Conversion Overview**

The HCDP data conversion will transform the medical data from three sources – DEERS old eligibility, DEERS 2.0, and the MCSCs – into the new format of DEERS 3.0. Historical enrollment data will come directly from DEERS old eligibility, while current enrollment data will come from merging information from all three sources. Attempting to reconcile the data between these sources will be difficult when the sources have conflicting information for an individual's enrollment. The conversion modules will attempt to handle as many cases of conflicting data as possible, using precedence rules established during the analysis.

Data from CHCS will not be migrated to DEERS 3.0 because the DEERS Old Eligibility System is considered to be the most accurate source of Active Duty enrollments. The PCM Selection data stored by CHCS will be loaded into DEERS 3.0 as it comes in via a beneficiary's enrollment or PCM update, after DEERS 3.0 is operational. The PCM Lookup table will be loaded in the same manner.

#### **1.2.4.1. Export Phase**

The Export Phase involves obtaining the input files for the conversion programs. There will be three sources for these input files: DEERS old eligibility, DEERS 2.0, and the MCSCs.

DEERS old eligibility stores the most recent alt-care data in the DEERS files and the history alt-care data in the Alt-Care History file. To get this information, a program will be run on the mainframe to extract all of the necessary alt-care information from the DEERS Virtual Storage Access Method (VSAM) files and write it to a sequential file. A second program will be run to write the entire Alt-Care History file to a sequential file. Both of these sequential files will then be downloaded from the mainframe to the UNIX machine being used for the conversion.

Each MCSC will provide data on the current enrollments they have in their system. Within each region, they will be responsible for reconciling their data, creating family enrollments from separate individual plans when necessary. They will then create three sequential files, of fixed record length, for each region. One will contain information on each beneficiary's enrollment, including enrollment dates, PCM information, and point of service deductible information. The second will contain enrollment information at the family level, including the enrollment anniversary date and catastrophic cap information. The third file will contain information about the fee payments made by the family for the enrollment. Each of these sequential files will be transferred from that MCSC's system to the UNIX machine.

The DEERS 2.0 benefits determination module will be used to derive a complete record of each beneficiary's entitlements. Based on these benefits, a program will be run to create assigned HCDP segments that encompass the full length of eligibility for a given beneficiary. These segments will be written to a sequential file, which will be downloaded to the UNIX machine.

DEERS 2.0 also contains the Benefits Satellite table, which associates a beneficiary's person identification information to his or her DEERS Identifier. The DEERS Identifier is the primary key used throughout the Benefits Satellite Database; it is created through the concatenation of the DEERS Family Identifier and the DEERS Beneficiary Identifier. This table view allows the cross-referencing of DEERS old eligibility records to their appropriate DEERS 3.0 keys. This cross-reference information, along with data from the DEERS 2.0 Person table, will be used to create the Master Key file. The Master Key file will be written to a sequential file and downloaded to the UNIX machine.

## **1.2.4.2. Reconciliation Phase**

### **1.2.4.2.1. Generate Assigned HCDP Coverage Plans**

The first step in the Reconciliation Phase uses the information in the Benefits tables from DEERS 2.0 to create assigned HCDP coverage plan segments that encompass the full length of eligibility for a given beneficiary.

### **1.2.4.2.2. Validate Input Files and Populate with DEERS 3.0 Primary Key**

The second step validates each of the input files. All of the fields from both DEERS old eligibility files and the MCSC files will be validated. This will include checking valid values for identification numbers, codes, and dates. In addition, the DEERS primary key for a given record will be obtained from the Master Key file, using the person identification information to access it. This will ensure that it is a record for a valid beneficiary.

### **1.2.4.2.3. Reconcile Enrollment Information Against the Assigned HCDP**

Once the fields in each file are validated, the third step will compare the current enrollment information from DEERS old eligibility and the MCSCs to the assigned HCDP coverage plans. This will ensure that each beneficiary is indeed eligible for the program in which he or she is enrolled.

### **1.2.4.2.4. Reconcile the Enrollment Information From Each of the Different Sources**

The fourth step of the Reconciliation Phase will compare the files against each other to ensure that the data is consistent across the systems. The first check will be to reconcile the MCSC data across regions. This will catch any split enrollments: if two or more family members are currently enrolled in different regions, they will be joined together in the same family plan and given the same Prime Family Enrollment Anniversary Calendar Date.

The second cross-system check will be between the MCSCs and DEERS. Except under certain circumstances<sup>1</sup>, any MCSC data that does not match up with the DEERS enrollment data will be changed to reflect the values in DEERS.

Once this last check is complete, several output files are created. First, the enrollment information from the MCSCs and DEERS will be merged together and written to an output file to be used by the Conversion Phase. Then, three sets of 16 MCSC files (one for each region) will be created: one set for individual enrollments, one set for family enrollments, and one for fee payment information. After the DEERS 3.0 tables have been loaded and the conversion is complete and verified as successful, these files will be transferred to the MCSCs so their data can be reconciled.

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<sup>1</sup> See Program Logic, Appendix 9.8.

The final output file created at this point will be used as input into the Prime CC&D data conversion. This file will contain select information from the individual and family MCSC files, including CC&D information. Data from all regions will be written to the same file.

### **1.2.4.3. Conversion Phase**

#### **1.2.4.3.1. Create HCDP, HCDP Enrollment and PCM Selection Records**

In step one of the Conversion Phase, the merged MCSC/DEERS output file from the Reconciliation Phase will be further merged with the assigned HCDP file to create the HCDP, HCDP Enrollment, and PCM Selection records. Continuous Enrollment records will be translated into a single HCPD record<sup>2</sup>, and the dates for the assigned HCDP records will be altered so that they are inserted into any break in an enrolled plan. In this manner, the HCDP table will be populated with records for assigned and enrolled coverage plans covering the full length of a beneficiary's eligibility. Each HCDP record representing an enrolled plan will also be translated into a PCM Selection record for that record. In addition, one HCDP Enrollment record will be created for the most current HCDP record representing an enrolled plan. The data targeted for each of the tables will be written to sequential load files in the format of the DEERS 3.0 tables.

#### **1.2.4.3.2. Create the Family Policy Enrollment Year and HCDP Fee Payment Records**

The second step converts the family enrollment and fee payment data from the merged MCSC/DEERS output file into the record format of the DEERS 3.0 Family Policy Enrollment Year and HCDP Fee Payment tables. The data targeted for each of these tables will be written to sequential load files.

### **1.2.4.4. Import Phase**

The sequential load files created in the Conversion Phase will be loaded into the Oracle database on the mainframe, specifically into the tables for which they were formatted. After loading the data, the files will be validated using SQL scripts.

### **1.2.5. Objective**

The objective of this task is to successfully reconcile any differences between the medical data stored in DEERS old eligibility, DEERS 2.0 and the MCSCs and convert it from its existing formats to its new format in DEERS 3.0.

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<sup>2</sup> The specific mappings for each of the fields are included in Appendix 9.2.

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## **2. Referenced Documents**

“DEERS/Medical Interface Operational Description Version 13,” dated March 19 1999.

“DEERS/Medical System/Subsystem Requirements Specification,” dated September 1998.

“Defense Enrollment Eligibility Reporting System Data Dictionary,” dated May 5, 1999. (This is the DEERS 3.0 Data Dictionary.)

Defense Enrollment Eligibility Report System Data Dictionary," dated September 1994. (This is DEERS Old Eligibility Data Dictionary.)

DEERS Data Model, “Benefits View of the E2R2 Database, Version 13,” dated April 29, 1999.

DEERS Data Model, “Benefits Satellite Database, Version 13,” dated April 29, 1999.

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### **3. Data Source**

The following section describes the input files for the HCDP data conversion. The specific file layouts are shown in Appendix 9.2.1.

#### **3.1. DEERS Old Eligibility Files**

The DEERS files from the DEERS old eligibility system are stored at the EDS Auburn Hills System Management Center (AHSMC) in VSAM format. These files store data in three types of records: address, sponsor and dependent. The conversion process requires only the person identification and current alt-care information found on the sponsor and dependent records. Data from these files will be extracted, merged and sorted into one sequential file for use as input into the conversion process.

#### **3.2. Alt-Care History File**

The Alt-Care History file is stored at the AHSMC in VSAM format. In DEERS old eligibility, each time a person enrolls in a new alt-care plan or changes the DMIS from which they receive care, the old alt-care information in the DEERS record is moved to a new record in the Alt-Care History file, and the new alt-care data is then stored in the DEERS record. If a person disenrolls without re-enrolling, the disenrollment date is entered on the DEERS record, but no record is created in the Alt-Care History file until he or she enrolls in a new plan. This file will be downloaded into a sequential file for use as input into the conversion process.

#### **3.3. MCSC Input Files**

The MCSC Individual Enrollment file will be a sequential file that contains information on current enrollments that is stored at the individual level. This includes the beneficiary's identification information, enrollment begin and end dates, and POS deductible information. The MCSCs will create one file for each region they support, reconciling the data within each region. This reconciliation will include joining separate individual enrollments into one family enrollment. These sequential files will be transferred to the AHSMC for use as input into the conversion process.

#### **3.4. MCSC Family Input Files**

The MCSC Family file will be a sequential file that contains information on current enrollments that is stored at the family level, including the subscriber's identification information and the family's enrollment period begin date and cat cap information. The MCSCs will create one file for each region they support, reconciling the data within each region. This reconciliation will include joining separate individual enrollments into one family enrollment. These sequential files will be transferred to the AHSMC for use as input into the conversion process.

### **3.5. MCSC Fee Payment Input Files**

The MCSCs will create a sequential file of the fee payment records for each region they support. The file will contain the subscriber's identification and information on each fee payment made for that enrollment. These sequential files will be transferred to the AHSMC for use as an import into the conversion process.

### **3.6. Assigned HCDP File**

The assigned HCDP file will be generated in two steps. First, the benefits determination module will populate records in the Civilian Health Care Benefits and Direct Care Benefits tables in DEERS 2.0. Then a program will be executed to generate the assigned HCDPs for which each beneficiary is eligible and write this information to a sequential file. The record layout of the file will be in the format of the HCDP table. This sequential file will be used as an import into the conversion process.

### **3.7. DMIS File**

The DEERS old eligibility DMIS file is stored at the AHSMC in VSAM format. This file contains a record for each DMIS, along with information about that DMIS. A program will be run to extract all the DMIS identifiers and their associated region codes from this file. The output file from this program will be the DMIS file. The conversion programs require this data in order to validate DMIS identifiers and region codes.

### **3.8. Master Key File**

The Master Key file will be created from the Benefits Satellite and Person tables in DEERS 2.0. This file will contain information that will allow the conversion programs to associate a person's identification information with their DEERS Identifier. There will be one record for each DEERS Identifier. Along with the DEERS Identifier, each record will contain the fields that are used as a key for DEERS old eligibility, DEERS 2.0, and the MCSCs.

## **4. Data Target**

This section describes the output files for the HCDP data conversion. The specific file layouts are shown in Appendix 9.2.2.

### **4.1. HCDP Load File**

The HCDP Load file will be created on the UNIX machine and populated during the Conversion Phase. When the Conversion Phase is complete, this file will be uploaded to the mainframe at the AHSMC, where it will be imported into the HCDP table in DEERS 3.0. The HCDP Load file will include all of the fields required to add a record to the HCDP table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred back to the MCSCs so they can reconcile their data.

### **4.2. HCDP Enrollment Load File**

The HCDP Enrollment Load file (HCDPENRL) will be created on the UNIX machine and populated during the Conversion Phase. When the Conversion Phase is complete, this file will be uploaded to the mainframe at the AHSMC, where it will be imported into the HCDP Enrollment table in DEERS 3.0. The HCDP Enrollment Load file will include all of the fields required to add a record to the HCDP Enrollment table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred to the MCSCs so their data can be reconciled.

### **4.3. PCM Selection Load File**

The PCM Selection Load file (PCMSEL) will be created on the UNIX machine and populated during the Conversion Phase. When the Conversion Phase is complete, it will be uploaded to the mainframe at the AHSMC, where it will be imported into the PCM Selection table in DEERS 3.0. The PCM Selection Load file will include all of the fields required to add a record to the PCM Selection table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred to the MCSCs so their data can be reconciled.

### **4.4. Family Policy Enrollment Year Load File**

The Family Policy Enrollment Year Load file (FAMPEYR) will be created on the UNIX machine and populated during the Conversion Phase. When the Conversion Phase is complete, it will be uploaded to the mainframe at AHSMC, where it will be imported into the Family Policy Enrollment Year table in DEERS 3.0. The Family Policy Enrollment Year Load file will include all of the fields required to add a record to the Family Policy Enrollment Year table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred to the MCSCs so their data can be reconciled.

#### **4.5. HCDP Fee Payment Load File**

The HCDP Fee Payment Load file (HCDPFEE) will be created on the UNIX machine and populated in the Conversion Phase. When the Conversion Phase is complete, it will be uploaded to the mainframe at AHSMC, where it will be imported into the HCDP Fee Payment table in DEERS 3.0. The HCDP Fee Payment Load file will include all of the fields required to add a record to the HCDP Fee Payment table. When the conversion to DEERS 3.0 is complete, a copy of this file will be transferred to the MCSCs so their data can be reconciled.

#### **4.6. MCSC Individual Enrollment Output Files**

The MCSC Individual Enrollment output files (MCSC\_O01-16) will be created on the UNIX machine and populated during the Reconciliation Phase. These files, one per region, will have the same format as the MCSC Individual Enrollment input files, along with the DEERS Identifier, flags to indicate if fields have had their data changed by the conversion process, and an error code<sup>3</sup>. When the conversion to DEERS 3.0 is complete, these output files will be transferred to the MCSCs so their data can be reconciled with changes made during the conversion.

#### **4.7. MCSC Family Output Files**

The MCSC Family output files (MCSCF\_O01-16) will be created on the UNIX machine and populated during the Reconciliation Phase. These files, one per region, will have the same format as the MCSC Family input files, along with the DEERS Identifier, flags to indicate if fields have had their data changed by the conversion process, and an error code. When the conversion to DEERS 3.0 is complete, these output files will be transferred to the MCSCs so their data can be reconciled with changes made during the conversion.

#### **4.8. MCSC Fee Payment Output Files**

The MCSC fee payment output files (MCSC\_FEE\_O01-16) will be created on the UNIX machine and populated during the Reconciliation Phase. These files, one per region, will have the same format as the MCSC fee payment input files, along with the DEERS Identifier, flags to indicate if fields have had their data changed by the conversion process, and an error code. When the conversion to DEERS 3.0 is complete, these output files will be transferred to the MCSCs so their data can be reconciled with changes made during the conversion.

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<sup>3</sup> For a list of error codes, see Appendix 9.4.

#### **4.9. Prime CC&D Input File**

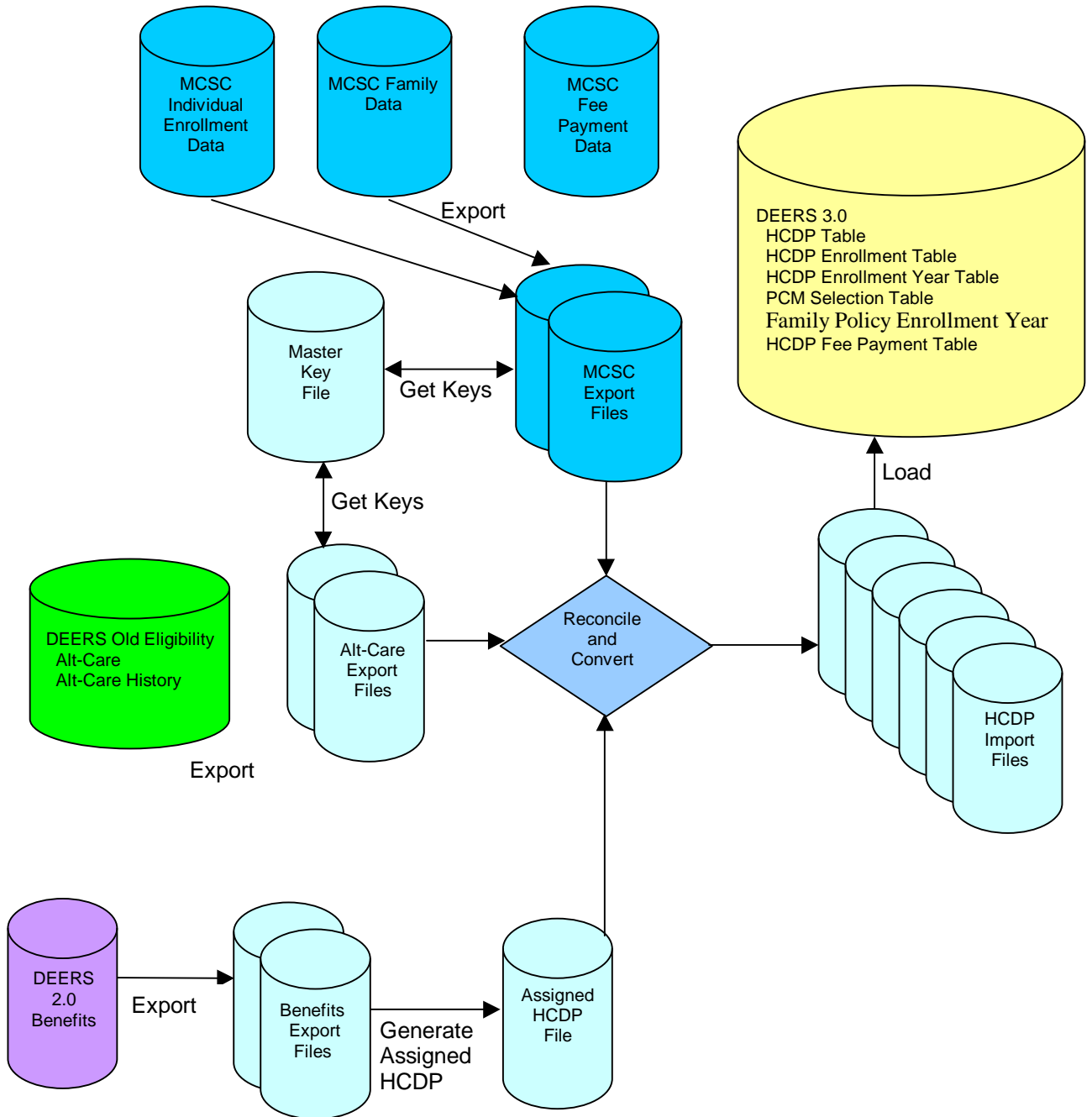
The Prime CC&D input file (PRMCCD) will be created on the UNIX machine and populated during the Reconciliation Phase. This file will contain the information needed for the Prime CC&D data conversion, including DEERS Identifiers, prime cat cap information, and prime POS deductible information for each beneficiary. The data for this file will come from the reconciled MCSC Individual Enrollment and Family files. Note that all family members within a region will be excluded from the file if any of the family members in that region had their individual or family enrollment dates changed during the Reconciliation process.

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## 5. Data Flows and Events

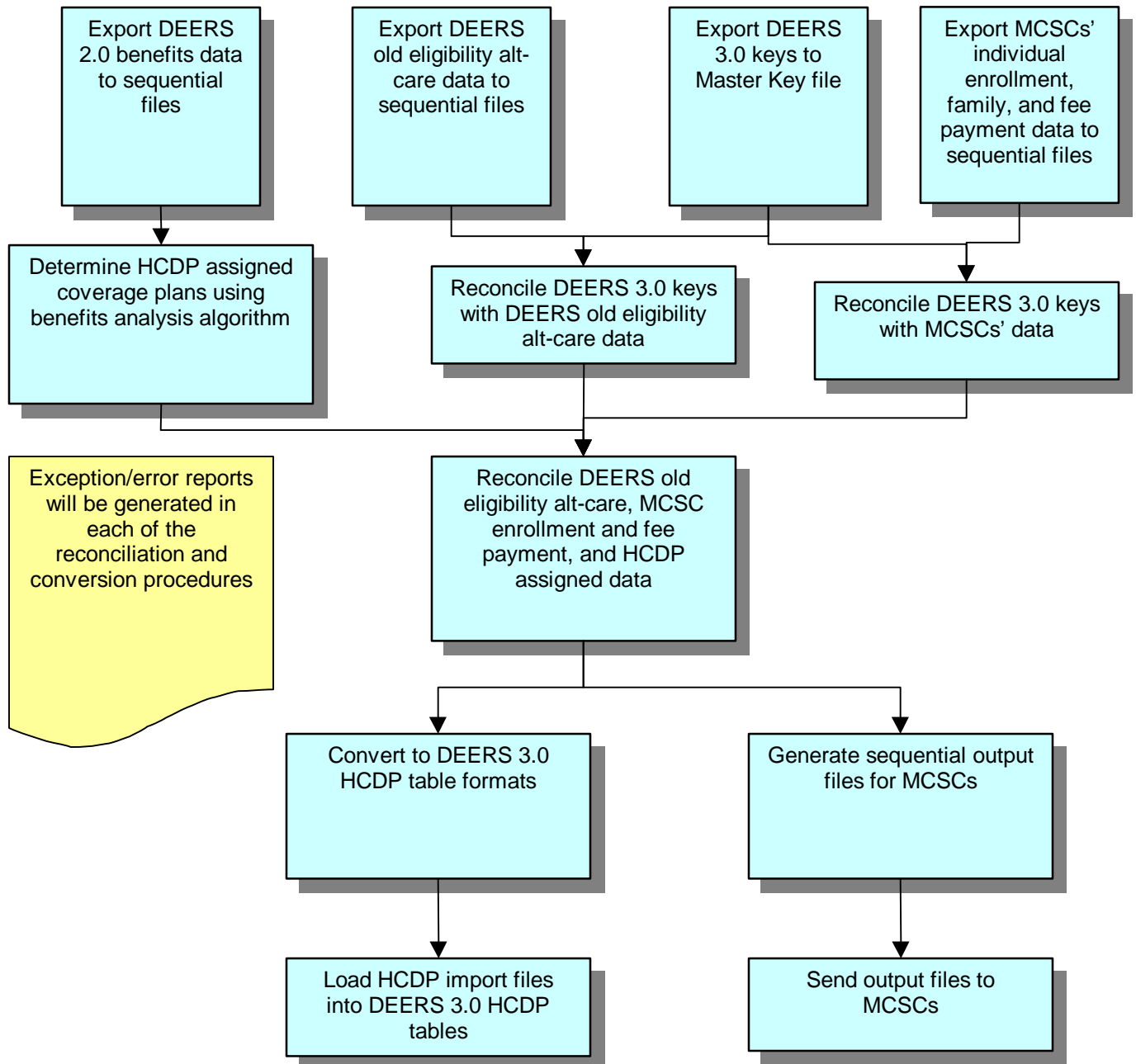
The following diagram details, at a high level, the data flows and events that will occur in the HCDP data conversion.



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## 6. Process Flows

The following diagram details, at a high level, the process flow that will occur in the HCDP data conversion.



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## **7. Conversion Procedures**

### **7.1. Export Phase**

The following input files will be created and downloaded to the UNIX machine for processing.

- DEERS input file
- Alt-Care History input file
- 16 MCSC Individual Enrollment input files, one per region
- 16 MCSC Family input files, one per region
- 16 MCSC Fee Payment input files, one per region
- Assigned HCDP file
- DMIS file
- Master Key file

## **7.2. Reconciliation Phase**

### **7.2.1. Create Assigned HCDP File**

The following steps outline the general process:

- Use the DEERS 2.0 benefits tables to determine the periods that each beneficiary is eligible to receive health benefits.
- For each period of eligibility, create an assigned HCDP record.
  - Each HCDP record will be in the same format as the HCDP table in DEERS 3.0.
  - When a dependent is assigned a different plan than his or her sponsor, create an HCDP subscriber record for the sponsor.
- Write each assigned HCDP record to a flat file.

### **7.2.2. Validate Input Files and Get DEERS Identifiers**

#### **7.2.2.1. Inputs**

- DEERS input file
- Alt-Care History input file
- MCSC Individual Enrollment input files
- MCSC Family input files
- MCSC Fee Payment input files
- DMIS file
- Master Key file

#### **7.2.2.2. Process**

- Read the DMIS file, loading all DMIS Identifiers and Region Codes into memory. This information will be used to validate the DMIS Identifier and to obtain the Region Code associated with that DMIS.
- Process each input file.
  - Read a record from the input file and validate the data in each of the fields.
  - If any of the data is invalid, write the record to the error file with the appropriate error code.
  - Determine the Region Code based upon the beneficiary's DMIS Identifier.

- ❑ Use the person identification information from the input record to obtain the DEERS Identifier from the Master Key file.
  - ◆ For the DEERS and Alt-Care History input files, the person identification information is the Sponsor's SSN and Family Sequence Number and the Beneficiary's DEERS Dependent Suffix.
  - ◆ For the MCSC input files, the person identification information is the Sponsor's SSN, along with either the Sponsor's Date of Birth or the first three letters of the Sponsor's Last Name, and the Beneficiary's DEERS Dependent Suffix.
- ❑ Continue until all records in the file have been processed.
- Continue until all input files have been processed.

### **7.2.2.3. Outputs**

- If the BRAC Flag is 'Y' on a DEERS record, write the DEERS record to the BRAC file.
- If the ALT-CARE-FLAG is not blank, write the DEERS record to the current DEERS intermediate file number 1 (DRSCURR1).
- Write the Alt-Care History records to the DEERS Alt-Care History intermediate file (DRSHIST).
- Write the MCSC Individual Enrollment records to one of the MCSC Individual Enrollment intermediate files (MCSCI\_I01 - MCSCI\_I16), based upon the region (i.e., 16 files, one for each region).
- Write the MCSC Family records to one of the MCSC Family intermediate files (MCSCF\_I01 - MCSCF\_I16), based upon the region (i.e., 16 files, one for each region).
- Write the MCSC Fee Payment records to one of the MCSC Fee Payment intermediate files (MCSCP\_I01 - MCSCP\_I16), based upon the region (i.e., 16 files, one for each region).
- Write the DEERS error records to DRSEERR1.
- Write the Alt-Care History error records to ALTCEERR.
- Write the MCSC Individual Enrollment error records to one of the MCSC Individual Enrollment output files (MCSCI\_O01 – MCSCI\_O16), based on region, with the appropriate error code.
- Write the MCSC Family error records to one of the MCSC Family output files (MCSCF\_O01 – MCSCF\_O16), based on region, with the appropriate error code.
- Write the MCSC Fee Payment error records to one of the MCSC Fee Payment output files (MCSCP\_O01 – MCSCP\_O16), based on region, with the appropriate error code.
- The MCSC output files will be sent back to the MCSCs when the conversion process is complete

### **7.2.3. Reconcile MCSC Data with the Assigned HCDP Data**

#### **7.2.3.1. Inputs**

- 16 MCSC Individual Enrollment intermediate files (MCSCI\_I01 – MCSCI\_I16)
- 16 MCSC Family intermediate files (MCSCF\_I01 – MCSCF\_I16)
- 16 MCSC Fee Payment intermediate files (MCSCP\_I01 – MCSCP\_I16)
- Assigned HCDP file

#### **7.2.3.2. Process**

- Each MCSC intermediate file contains the data for one region.
- Create an index file for the Assigned HCDP file, with the DEERS Identifier as the primary key.
- Create an index file for each MCSC intermediate file, with the DEERS Identifier as the primary key.
- Compare the MCSC data within each region to its associated assigned HCDP data, processing one region at a time.
  - ❑ Read the three MCSC intermediate files for a region, loading a family's MCSC records into memory.
  - ❑ Find the family's assigned HCDP records in the Assigned HCDP input file, using the DEERS Identifier on the MCSC record as the key.
  - ❑ Read the Assigned HCDP file, loading the family's assigned HCDP into memory.
  - ❑ Compare each family member's individual enrollment record to his or her Assigned HCDP record for that time segment.
  - ❑ If an individual is ineligible at any point during his or her enrollment, cut off the enrollment segment at that date (i.e., disenroll the individual on that date).
  - ❑ After the individual segments have been altered based on eligibility, update, if necessary, the family enrollment dates to match the individual segments.
  - ❑ Set the family enrollment begin and end dates to the earliest individual begin date and the latest individual end date, respectively.
  - ❑ Continue until all families in the region have been processed.
- Continue until all regions have been processed.

#### **7.2.3.3. Outputs**

- Write MCSC Individual Enrollment records to the MCSC Individual Enrollment intermediate file 2 (MCSCI\_INT2). All regions will be written to the same file.
- Write MCSC Family records to the MCSC Family intermediate file 2 (MCSCF\_INT2). All regions will be written to the same file.



- Write MCSC Fee Payment records to the MCSC Fee Payment intermediate file 2 (MCSCP\_INT2). All regions will be written to the same file.
- Write records with the following errors to the appropriate MCSC Individual Enrollment output file (MCSCI\_O01- MCSCI\_O16):
  - ❑ If there are no Assigned HCDP records for a person.
  - ❑ If an individual is ineligible for the entire MCSC enrollment period.
  - ❑ If there are multiple individual plans within the same family within the same region (these should have already been reconciled by the MCSCs).
- Write records to the appropriate MCSC Family output file (MCSCF\_O01 – MCSCF\_O16), if every Individual Enrollment record for a family is written to the Individual Enrollment Error file.
- Write records to the appropriate MCSC Fee Payment output file (MCSCP\_O01 – MCSCP\_O16), if every Individual Enrollment record for a family is written to the Individual Enrollment Error file.

#### **7.2.4. Reconcile MCSC Records Across Regions**

##### **7.2.4.1. Inputs**

- MCSC Individual Enrollment intermediate file (MCSCI\_INT2)
- MCSC Family intermediate file (MCSCF\_INT2)
- MCSC Fee Payment intermediate file (MCSCP\_INT2)
- Assigned HCDP file

##### **7.2.4.2. Process**

- Create an index file for the three MCSC intermediate files with the DEERS Identifier as the primary key in order to compare each family across regions.
- Process the MCSC intermediate files.
  - ❑ Read the MCSC intermediate files, loading a family's MCSC records into memory.
  - ❑ Find the family's Assigned HCDP records in the Assigned HCDP input file, using the DEERS Identifier on the MCSC record as the key.
  - ❑ Read the Assigned HCDP file, loading the family's Assigned HCDP into memory.
  - ❑ Merge the family begin and end dates from enrollments split across regions into one family enrollment period. This enrollment period will either be the first family enrollment period or the second individual enrollment period, whichever comes first.
  - ❑ After the family enrollment period is altered, update the begin and end enrollment dates for each Individual Enrollment record so that they fall within the family enrollment period.
  - ❑ If an individual's enrollment end date is extended, use the Assigned HCDP records to determine if the individual is eligible for this extension.

- ❑ If an individual enrollment is changed to a family enrollment with a begin date after the original individual enrollment begin date, create a history segment starting at the original begin date and ending at the new begin date.
- ❑ Continue until all families have been processed.

#### **7.2.4.3. Outputs**

- Write any MCSC history records created during the above reconciliation to one of the 16 MCSC Individual Enrollment output files (MCSCI\_O01 – MCSCI\_O16).
- Write the remaining MCSC Individual Enrollment records to the MCSCI\_INT3 intermediate file.
- Write the remaining MCSC Family records to the MCSCF\_INT3 intermediate file.
- Write the remaining MCSC Fee Payment records to the MCSCP\_INT3 intermediate file.

## **7.2.5. Compare Current DEERS Alt-Care Records Against the Assigned HCDP**

### **7.2.5.1. Inputs**

- DRSCURR1 intermediate file
- Assigned HCDP file

### **7.2.5.2. Process**

- Create an index file for the DRSCURR1 intermediate file with the DEERS Identifier as the primary key.
- Process the DRSCURR1 file against the Assigned HCDP file.
  - ❑ Read the DRSCURR1 file, loading a beneficiary's current DEERS alt-care records into memory.
  - ❑ Find the beneficiary's Assigned HCDP records in the Assigned HCDP file, using the DEERS Identifier on the DRSCURR1 record as the key.
  - ❑ Read the Assigned HCDP file, loading a beneficiary's Assigned HCDP records into memory.
  - ❑ If the alt-care record has an end date in the past (i.e., it is a history record), then skip it.
  - ❑ If the alt-care date is still effective, compare the alt-care dates to the assigned HCDP dates.
  - ❑ If the alt-care dates fall outside of the eligibility dates in the Assigned HCDP record, cut off the enrollment segment (i.e., set the alt-care date that proceeds or exceeds eligibility to the eligibility date [assigned HCDP date]).
  - ❑ Continue until all records in the DRSCURR1 file have been processed.

### **7.2.5.3. Outputs**

- Write the alt-care records outputted from this process to the DRSCURR2 intermediate file.
- Write records to the DEERS error file DRSEERR2 if there are no Assigned HCDP records for a beneficiary or if the beneficiary is ineligible for the entire enrollment segment.

## **7.2.6. Compare MCSC Records to Current DEERS Old Eligibility Alt-Care Records**

### **7.2.6.1. Inputs**

- DRSCURR2 intermediate file
- MCSCI\_INT3 intermediate file
- MCSCF\_INT3 intermediate file
- MCSCP\_INT3 intermediate file
- Assigned HCDP file

### **7.2.6.2. Process**

- Process the DRSCURR2 intermediate file against the three MCSC intermediate files.
  - ❑ Read the DRSCURR2 file, loading a family's DEERS current Alt-Care records into memory.
  - ❑ Read the three MCSC intermediate files, loading a family's MCSC records into memory.
  - ❑ Process each individual in the family.
    - ◆ If the individual has a DEERS record that is still active and requires an enrollment with the MCSCs, verify that the individual has an MCSC Individual Enrollment segment. If the individual does not, write the record to DRSERR3.
    - ◆ If the individual has an MCSC segment and does not have an active DEERS record, write the record to the appropriate MCSC Individual Enrollment error file (MCSCI\_E01-MCSCI\_E16).
    - ◆ If the individual has both an active DEERS segment and an MCSC segment, compare the MCSC segment to the DEERS segment. If the MCSC segment falls outside of the DEERS segment, cut off the begin or end date appropriately so that the MCSC date matches the DEERS date.
  - ❑ Determine if the family enrollment dates should change based on any changes to the individual plans.
    - ◆ If so, change the family enrollment dates on the MCSC Family and MCSC Fee Payment records so they fall within the individual enrollment dates.
    - ◆ Merge the data from the MCSC Individual Enrollment records and the DEERS record into one record.
  - ❑ Continue until all families have been processed.

### **7.2.6.3. Outputs**

- Write all MCSC Individual Enrollment records (including error records) to one of the 16 MCSC Individual Enrollment output files (MCSCI\_O01-16). These are the final files that will be sent back to the MCSCs.
- Write all MCSC Family records (including error records) to one of the 16 MCSC Family output files (MCSCF\_O01-16). These are the final files that will be sent back to the MCSCs.
- Write all MCSC Fee Payment records (including error records) to one of the 16 MCSC Fee Payment output files (MCSCP\_O01-16). These are the final files that will be sent back to the MCSCs.
- Write the merged Enrollment records to the ENRLCURR intermediate file.
- Write information needed for Prime Cat Cap conversion to the Prime Cat Cap input file.
- Write the MCSC Family records to the MCSCF\_INT4 intermediate file.
- Write the MCSC Fee Payment records to the MCSCP\_INT4 intermediate file.
- Write a record to the DEERS error file DRSEERR3 if a DEERS segment exists for a beneficiary, but an MCSC segment does not.

### 7.3. Conversion Phase

#### 7.3.1. Convert Merged Enrollment, Alt-Care History and MCSC Fee Payment Records to HCDP, HCDP Enrollment, PCM Selection, Family Policy Enrollment Year and HCDP Fee Payment Records

##### 7.3.1.1. Inputs

- Assigned HCDP file
- DRSHIST intermediate file
- ENRLCURR intermediate file
- MCSC Family intermediate file (MCSCF\_INT4)
- MCSC Fee Payment intermediate file (MCSCP\_INT4)

##### 7.3.1.2. Process

- Create an index file for the DRSHIST file with the DEERS Identifier as the primary key.
- Process all input files:
  - ❑ Read the Assigned HCDP file, loading a family's records into memory.
  - ❑ Read the DRSHIST file, loading any DEERS Alt-Care History records for the family into memory.
  - ❑ Read the ENRLCURR file, loading any merged Enrollment records for the family into memory.
  - ❑ Read the MCSC Family file, loading any Family records into memory.
  - ❑ Read the MCSC Fee Payment file, loading any Fee Payment records for the family into memory.
  - ❑ For each family member, determine any continuous enrollment periods from the Alt-Care History and merged Enrollment records.
  - ❑ Create an HCDP record for each of the continuous enrollment periods and convert the alt-care field values to HCDP field values for the record's time segment<sup>4</sup>.
  - ❑ If a beneficiary's eligibility changes during the continuous enrollment, check to see if the enrolled plan should change.
  - ❑ Create an HCDP Enrollment record for the current enrollment. Use the begin and end enrollment dates from the combined record.
  - ❑ Create PCM Selection records for each DEERS Alt-Care History and merged Enrollment record. If the HCDP record for the enrolled plan was broken up due to a change of assigned HCDP, split the PCM Selection segments at these dates.
  - ❑ If there are any periods of eligibility where the beneficiary is not enrolled, create Assigned HCDP records to fill in the gaps.

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<sup>4</sup> The specific mappings for each of the fields are included in Appendix 9.2.

- ❑ If any family member is enrolled in an HCDP plan requiring an enrollment anniversary date and fees, create a Family Policy Enrollment Year record, along with the associated HCDP Fee Payment records.
- ❑ Continue until all records in the Assigned HCDP file have been processed.

### **7.3.1.3. Outputs**

- Write HCDP records to the HCDP Load file in the format of the HCDP table.
- Write HCDP Enrollment records to the HCDP Enrollment Load file (HCDPENRL) in the format of the HCDP Enrollment table.
- Write PCM records to the PCM Selection Load file (PCMSEL) in the format of the PCM table.
- Write Family Policy Enrollment Year records to the Family Policy Enrollment Year Load file (FAMPEYR) in the format of the Family Policy Enrollment Year table.
- Write HCDP Fee Payment records to the HCDP Fee Payment Load file (HCDPFEE) in the format of the HCDP Fee Payment table.
- Write any error records to the DEERS error file DRSERR4.

## **7.4. Import Phase**

### **7.4.1. Inputs**

- HCDP Load file
- HCDPENRL Load file
- PCMSEL Load file
- PFAMEYR Load file
- HCDPFEE Load file

### **7.4.2. Process**

- Upload the five HCDP-related sequential load files to the mainframe at the AHSMC.
- Load the HCDP sequential load file into the DEERS 3.0 HCDP table.
- Load the HCDPENRL sequential load file into the DEERS 3.0 HCDP Enrollment table.
- Load the PCMSEL sequential load file into the DEERS 3.0 PCM Selection table.
- Load the PFAMEYR sequential load file into the DEERS 3.0 Family Policy Enrollment Year table.
- Load the HCDPFEE sequential load file into the DEERS 3.0 HCDP Fee Payment table.
- Validate data in these five DEERS 3.0 tables using SQL validation scripts.



## 8. Error Files and Statistical Reports

### 8.1. Error Files

It is rare for data to be completely clean, that is, free of errors. This is particularly true when data is coming from different sources. Therefore, not all data can be properly converted and migrated. The HCDP data conversion modules will generate error files to identify where data problems exist so that they may be researched and corrected.

Within one database, data problems may be referential (such as a dependent without a sponsor), relational (such as a begin date occurring after a date of death), or value related (such as an invalid Provider Type Code). Problems across databases exist when data representing the same entity is inconsistent. Though all errors will be reported, the decision to reject the record – that is, to not migrate any of its data to the new database – will be based upon the severity of the error.

The error files will list all errors encountered in the conversion/migration. Each record in error will be added with the key information necessary in order to identify it, along with an error code indicating the type of error involved. In addition, the record will contain a field flag to indicate whether or not the record was rejected.

### 8.2. Statistical Reports

Each of the HCDP data conversion modules will produce a basic statistical report that relates the following information:

- Number of records processed
- Number of valid output records written
- Number of error records written
- Number of errors by type
- Error percentage by type
- Error percentage

Modules processing MCSC files will produce this report with regional totals and a grand total for all regions. In addition to the basic statistics, each module will produce statistics specific to that process. Again, modules processing the MCSC files will produce regional totals and a grand total for all regions. Additional statistical reports will be generated for the following modules:

- Validate Input/Get DEERS ID Modules
  - ❑ Number of sponsor records processed
  - ❑ Number of dependent records processed

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- Reconcile Enrollment Data with the Assigned HCDP Modules
  - ❑ Number of sponsor records processed
  - ❑ Number of dependent records processed
  - ❑ Number of disenrollments
- Reconcile MCSC Segments Across Regions Module
  - ❑ Number of sponsor records processed
  - ❑ Number of dependent records processed
  - ❑ Number of disenrollments
  - ❑ Number of family plans created from individual plans
  - ❑ Number of individuals gained from other regions
  - ❑ Number of individual plans lost to other regions due to split enrollments
- Reconcile MCSC Segments with DEERS Old Eligibility Segments Module
  - ❑ Number of sponsor records processed
  - ❑ Number of dependent records processed
  - ❑ Number of disenrollments
- Conversion Module
  - ❑ Number of sponsor records processed
  - ❑ Number of dependent records processed
  - ❑ Number of HCDP records created
  - ❑ Number of HCDP Enrollment records created
  - ❑ Number of HCDP PCM Selection records created
  - ❑ Number of Family Policy Enrollment Year records created
  - ❑ Number of HCDP Fee Payment records created

## 9. Appendices

### 9.1. Acronyms

AFIP	Armed Forces Institute of Pathology
AHSMC	Auburn Hills System Management Center
BRAC	Base Realignment and Closure
CC&D	Catastrophic Cap and Deductible
CDCF	Central Deductible and Catastrophic Cap file
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHCBP	Continued Health Care Benefit Program
CHCS	Composite Health Care System
CONUS	Continental United States
DEERS	Defense Enrollment Eligibility Reporting System
DMDC	Defense Manpower Data Center
DMIS	Defense Military Information System
DoD	Department of Defense
DSO	Support Office
EDI	Electronic Data Interchange
EDS	Electronic Data Systems Corporation
FI	Fiscal Intermediary
GIQD	Government Inquiry of DEERS
HCDP	Health Care Delivery Program
MCSC	Managed Care Support Contractor
MHS	Military Health System
NAS	Non-availability Statements
NOAA	National Oceanic and Atmospheric Administration
OCONUS	Outside of the Continental United States
OHI	Other Health Insurance
PCM	Primary Care Manager
PGBA	Palmetto Government Benefits Administrators
RDBMS	Relational Database Management System
SIT	Standard Insurance Table
SQL	Structured Query Language
TMA	TRICARE Management Activity
USCG	United States Coast Guard
USFHP	Uniformed Services Family Health Plan
USPHS	United States Public Health Service
USTF	Uniformed Service Treatment Facility
VSAM	Virtual Storage Access Method
WPS	Wisconsin Physicians Service

## 9.2. File Layouts

### 9.2.1. Input File Layouts

#### 9.2.1.1. DEERS Old Eligibility File (Approximately 17 million records)

Attribute Name	Field Name	Data Type	Field Length
Sponsor SSN	SPONSOR_SSN	NUMBER	9
Family Sequence Number	SPONSOR_FSN	NUMBER	1
DEERS Dependent Suffix	DDS	CHAR	2
Sponsor Status	SPON_STAT	CHAR	1
Alternate Care Flag	ALT_CARE_FLAG	CHAR	1
Alternate Care Start Date	ALT_CARE_START_DATE	NUMBER	9
Alternate Care End Date	ALT_CARE_END_DATE	NUMBER	9
DMIS Code	DMIS_CODE	NUMBER	4
PCM Code	PCM_CODE	CHAR	2
BRAC Pharmacy Flag	BRAC_FLAG	CHAR	1

#### 9.2.1.2. DEERS Old Eligibility Alt-Care History File

Attribute Name	Field Name	Data Type	Field Length
Sponsor SSN	ALT_CARE_HISTORY_SPON_SSN	NUMBER	9
Family Sequence Number	ALT_CARE_HISTORY_FSN	NUMBER	1
DEERS Dependent Suffix	ALT_CARE_HISTORY_DDS	CHAR	2
Alternate Care Type	ALT_CARE_HISTORY_TYPE	CHAR	1
Alternate Care Start Date	ALT_CARE_HISTORY_ENRL_DATE	NUMBER	9
Alternate Care End Date	ALT_CARE_HISTORY_DISENRL_DATE	NUMBER	9
DMIS Code	ALT_CARE_HISTORY_DMIS	CHAR	4
PCM Code	ALT_CARE_HISTORY_PCM_CODE	CHAR	2

#### 9.2.1.3. DMIS File (Approximately 2,000 records)

Attribute Name	Field Name	Data Type	Field Length
DMIS Key	DMIS_KEY	CHAR	4
DMIS Region Code	DMIS_REGION_CODE	CHAR	2

#### 9.2.1.4. Master Key File (Approximately 17 million records)

Attribute Name	Field Name	Data Type	Field Length
DEERS Family ID	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary ID	DEERS_BNFRY_ID	NUMBER	2
DMDC ID	DMDC_ID	NUMBER	9
Patient ID	PTNT_ID	NUMBER	9
Sponsor SSN	SPONSOR_SSN	NUMBER	9
Sponsor Last Name (1 <sup>st</sup> 3 letters)	SPONSOR_LAST_NAME	CHAR	3
Sponsor Date of Birth	SPONSOR_DOB	NUMBER	8
Family Sequence Number	FSN	NUMBER	1
DEERS Dependent Suffix	DDS	CHAR	2

#### 9.2.1.5. MCSC Individual Enrollment Input File

Attribute Name	Field Name	Data Type	Field Length
Sponsor SSN	MCSC_I_SPON_SSN	NUMBER	9
Sponsor Last Name (1 <sup>st</sup> 3 letters)	MCSC_I_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_I_SPON_DOB	NUMBER	8
DEERS Dependent Suffix	MCSC_I_DDS	CHAR	2
Sponsor Status	MCSC_I_SPON_STATUS	CHAR	1
DMIS Identifier	MCSC_I_DMIS_ID	CHAR	4
Individual Enrollment Begin Date	MCSC_I_IND_ENR_BGN_DT	DATE	8
Individual Enrollment End Date	MCSC_I_IND_ENR_END_DT	DATE	8
Primary Care Manager Code	MCSC_I_PCM_CODE	CHAR	2
Primary Care Manager Identifier	MCSC_I_PCM_ID	CHAR	13
Primary Care Manager Begin Date	MCSC_I_PCM_BEGIN_DATE	DATE	8
Individual Enrollment Fee Waiver Reason Code	MCSC_I_IND_FEE_WVR_RSN_CD	CHAR	1
Fiscal Year	MCSC_I_FY	NUMBER	4
Point of Service Fiscal Year Source System Identifier	MCSC_I_POS_FY_SRC_SYS_ID	NUMBER	7
Point of Service Fiscal Year Deductible Cumulative Amount	MCSC_I_POS_FY_DDCT_AMT	NUMBER	11

### 9.2.1.6. MCSC Family Input File

Attribute Name	Field Name	Data Type	Field Length
Sponsor SSN	MCSC_I_SPON_SSN	NUMBER	9
Sponsor Last Name (1 <sup>st</sup> 3 letters)	MCSC_I_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_I_SPON_DOB	NUMBER	8
DEERS Dependent Suffix	MCSC_I_DDS	CHAR	2
Individual/Family Plan Flag	MCSC_I_FAMILY_FLAG	CHAR	1
Family Enrollment Begin Date	MCSC_I_FAM_ENR_BEG_DT	DATE	8
Family Enrollment End Date	MCSC_I_FAM_ENR_END_DT	DATE	8
Fee Payment Plan Type Code	MCSC_I_FEE_PMT_PLN_TYP_CD	CHAR	1
Catastrophic Cap Source System Identifier	MCSC_I_CCAP_SRC_SYS_ID	NUMBER	7
Catastrophic Cap Total Dollar Amount	MCSC_I_CCAP_AMT	NUMBER	8

### 9.2.1.7. MCSC Fee Payment Input File

Attribute Name	Field Name	Data Type	Field Length
Sponsor SSN	MCSC_I_SPON_SSN	NUMBER	9
Sponsor Last Name (1 <sup>st</sup> 3 letters)	MCSC_I_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_I_SPON_DOB	NUMBER	8
DEERS Dependent Suffix	MCSC_I_DDS	CHAR	2
Family Enrollment Begin Date	MCSC_I_FAM_ENR_BEG_DT	DATE	8
Fee Payment Source System Identifier	MCSC_I_FEE_PMT_SRC_SYS_ID	NUMBER	7
Fee Payment Exception Reason Code	MCSC_I_FEE_PMT_EXC_RSN_CD	CHAR	1
Fee Payment Date	MCSC_I_FEE_PMT_DT	DATE	8
Fee Payment Paid Through Date	MCSC_I_FEE_PMT_THRU_DT	DATE	8
Fee Payment Dollar Amount	MCSC_I_FEE_PMT_AMT	CHAR	8

## 9.2.2. Load File Layouts

### 9.2.2.1. HCDP Load and Assigned HCDP Files

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	2
Health Care Delivery Program Segment Identifier	HCDP_SEG_ID	NUMBER	3
Run Identifier	RUN_ID	NUMBER	8
Health Care Delivery Program Begin Calendar Date	HCDP_BGN_DT	DATE	8
Health Care Delivery Program Projected Calendar End Date	HCDP_PE_DT	DATE	8
Health Care Delivery Program Projected Calendar End Date Certainty Code	HCDP_PEDC_CD	CHAR	1
Health Care Delivery Program Termination Calendar Date	HCDP_TERM_DT	DATE	8
Health Care Delivery Program Termination Reason	HCDP_TRSN_CD	CHAR	1
Health Care Delivery Program Person Role Code	HCDP_PN_ROLE_CD	CHAR	1

### 9.2.2.2. HCDP Enrollment Load File

<b>Attribute Name</b>	<b>Field Name</b>	<b>Data Type</b>	<b>Field Length</b>
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	2
Health Care Delivery Program Segment Identifier	HCDP_SEG_ID	NUMBER	3
Health Care Delivery Program Enrollment Segment Identifier	HCDP_ENRL_SEG_ID	NUMBER	3
Run Identifier	RUN_ID	NUMBER	8
Health Care Delivery Program Enrollment Management System Identifier	HCDP_ENRL_MSYS_ID	NUMBER	7
Health Care Delivery Program Enrollment Creation Calendar Date / Time	HCDP_ENRL_CRT_DT_TM	DATE / TIME	14
Health Care Delivery Program Prior Enrollment Management System Identifier	HCDP_PMSYS_ID	NUMBER	7
Health Care Delivery Program Prior Enrollment Management System Verification Status Code	HCDP_PMSYS_VER_STAT_CD	CHAR	1
Health Care Delivery Program Prior Enrollment Management System Verification Calendar Date/Time	HCDP_PMSYS_VER_DT_TM	DATE / TIME	14
Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code	HCDP_IND_FEE_WVR_RSN_CD	CHAR	1
Health Care Delivery Program Enrollment Begin Date	HCDP_ENRL_BGN_DT	DATE	8
Health Care Delivery Program Enrollment Projected End Calendar Date	HCDP_ENRL_PE_DT	DATE	8
Health Care Delivery Program Enrollment Projected End Calendar Date Certainty Code	HCDP_ENRL_PEDC_CD	CHAR	1
Health Care Delivery Program Enrollment Termination Calendar Date	HCDP_ENRL_TERM_DT	DATE	8
Health Care Delivery Program Enrollment Termination Reason Code	HCDP_ENRL_TRSN_CD	CHAR	1



### 9.2.2.3. PCM Selection Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	HCDP_TYP_CD	CHAR	1
Health Care Delivery Program Plan Coverage Code	HCDP_PLN_CVG_CD	NUMBER	2
Health Care Delivery Program Segment Identifier	HCDP_SEG_ID	NUMBER	3
Primary Care Manager Region Identifier	PCM_RGN_ID	NUMBER	2
Primary Care Manager Network Provider Type Code	PCM_PROV_TYP_CD	CHAR	1
Primary Care Manager Selection Segment Identifier	PCM_SLCT_SEG_ID	NUMBER	3
Run Identifier	RUN_ID	NUMBER	8
Primary Care Manager Enrolling Division Segment Identifier	PCM_ENRL_DIV_SEG_ID	NUMBER	3
Primary Care Manager Selection Creation Calendar Date / Time	PCM_SLCT_CRT_DT_TM	DATE / TIME	14
Primary Care Manager Segment Identifier	PCM_SEG_ID	NUMBER	3
Primary Care Manager Identifier	PCM_ID	NUMBER	13
Primary Care Manager Identifier Type Code	PCM_ID_TYPE_CD		
Primary Care Manager Enrolling Division DMIS Identifier	PCM_ENRL_DIV_DMIS_ID	NUMBER	4
Primary Care Manager Selection Begin Date	PCM_SLCT_BGN_DT	DATE	8
Primary Care Manager Selection Projected End Date	PCM_SLCT_PE_DT	DATE	8
Primary Care Manager Selection Projected End Calendar Date Certainty Code	PCM_SLCT_PEDC_CD	CHAR	1
Primary Care Manager Selection Termination Calendar Date	PCM_SLCT_TERM_DT	DATE	8
Primary Care Manager Selection Termination Reason Code	PCM_SLCT_TRSN_CD	CHAR	1

#### 9.2.2.4. Family Policy Enrollment Year Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Family Policy Enrollment Year Segment Identifier	FAM_ENR_YR_SEG_ID	NUMBER	2
Run Identifier	RUN_ID	NUMBER	8
Prime Family Enrollment Anniversary Calendar Date	HCDP_ENRL_ANVRY_DT	DATE	8
Family Policy Enrollment Year Enrollment Fee Payment Plan Type Code	FAM_ENR_YR_FEE_PMT_PLN_TYP_CD	CHAR	1
Family Policy Enrollment Year Update Date/Time	FAM_ENR_YR_UP_DT_TM	DATE/ TIME	14

### 9.2.2.5. HCDP Fee Payment Load File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Fee Payment Segment Identifier	HCDP_FEE_SEG_ID	NUMBER	3
Family Policy Enrollment Year Segment Identifier	FAM_ENR_YR_SEG_ID	NUMBER	2
Run Identifier	RUN_ID	NUMBER	8
Health Care Delivery Program Enrollment Fee System Identifier	HCDP_ENRL_FSYS_ID	NUMBER	7
Health Care Delivery Program Enrollment Fee Payment Creation Calendar Date / Time	HCDP_FEE_PMT_CRT_DT_TM	DATE / TIME	14
Health Care Delivery Program Prior Enrollment Fee System Identifier	HCDP_PRIOR_ENRL_FSYS_ID	NUMBER	7
Health Care Delivery Program Prior Enrollment Verification Status Code	HCDP_PFSYS_VER_STAT_CD	CHAR	1
Health Care Delivery Program Prior Enrollment Fee System Verification Status Calendar Date/Time	HCDP_PFSYS_VER_DT_TM	DATE/ TIME	14
Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	HCDP_FPMT_EXC_RSN_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	HCDP_FEE_PMT_THRU_DT	DATE	8
Health Care Delivery Program Enrollment Fee Payment Plan Type Code	HCDP_FEE_PMT_PLN_TYP_CD	CHAR	1
Health Care Delivery Program Enrollment Fee Payment Dollar Amount	HCDP_FEE_PMT_TOT_AM	NUMBER	7

### 9.2.2.6. MCSC Individual Enrollment Output File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Sponsor SSN	MCSC_O_SPON_SSN	NUMBER	9
Sponsor Last Name (1 <sup>st</sup> 3 letters)	MCSC_O_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_O_SPON_DOB	NUMBER	8
DEERS Dependent Suffix	MCSC_O_DDS	CHAR	2
Sponsor Status	MCSC_O_SPON_STATUS	CHAR	1
DMIS Identifier	MCSC_O_DMIS_ID	CHAR	4
Individual Enrollment Begin Date	MCSC_O_IND_ENR_BGN_DT	DATE	8
Individual Enrollment End Date	MCSC_O_IND_ENR_END_DT	DATE	8
Primary Care Manager Code	MCSC_O_PCM_CODE	CHAR	2
Primary Care Manager Identifier	MCSC_O_PCM_ID	CHAR	13
Primary Care Manager Begin Date	MCSC_O_PCM_BEGIN_DATE	DATE	8
Individual Enrollment Fee Waiver Reason Code	MCSC_O_IND_FEE_WVR_RSN_CD	CHAR	1
Fiscal Year	MCSC_O_FY	NUMBER	4
Point of Service Fiscal Year Source System Identifier	MCSC_O_POS_FY_SRC_SYS_ID	NUMBER	7
Point of Service Fiscal Year Deductible Cumulative Amount	MCSC_O_POS_FY_DDCT_AMT	NUMBER	11
Sponsor Status Change Flag	MCSC_O_SPON_STAT_CHG_FLAG	CHAR	1
DMIS Identifier Change Flag	MCSC_O_DMIS_ID_CHG_FLAG	CHAR	41
Individual Enrollment Begin Date Change Flag	MCSC_O_IND_ENR_BEG_DT_CHG_FLAG	CHAR	1
Individual Enrollment End Date Change Flag	MCSC_O_IND_ENR_END_DT_CHG_FLAG	CHAR	1
Error Code	MCSC_O_ERROR_CODE	CHAR	11

### 9.2.2.7. MCSC Family Output File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Sponsor SSN	MCSC_O_SPON_SSN	NUMBER	9
Sponsor Last Name (1 <sup>st</sup> 3 letters)	MCSC_O_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_O_SPON_DOB	DATE	8
DEERS Dependent Suffix	MCSC_O_DDS	CHAR	2
Individual/Family Plan Flag	MCSC_O_FAMILY_FLAG	CHAR	1
Family Enrollment Begin Date	MCSC_O_FAM_ENR_BEG_DT	DATE	8
Family Enrollment End Date	MCSC_O_FAM_ENR_END_DT	DATE	8
Fee Payment Plan Type Code	MCSC_O_FEE_PMT_PLN_TYP_CD	CHAR	1
Catastrophic Cap Source System Identifier	MCSC_O_CCAP_SRC_SYS_ID	NUMBER	7
Catastrophic Cap Total Dollar Amount	MCSC_O_CCAP_AMT	NUMBER	8
Individual/Family Change Flag	MCSC_O_FAM_FLAG_CHG_FLAG	CHAR	1
Family Enrollment Begin Date Change Flag	MCSC_O_FAM_ENR_BEG_DT_CHG_FLAG	CHAR	1
Family Enrollment End Date Change Flag	MCSC_O_FAM_ENR_END_DT_CHG_FLAG	CHAR	1
Error Code	MCSC_O_ERROR_CODE	CHAR	11

### 9.2.2.8. MCSC Fee Payment Output File

Attribute Name	Field Name	Data Type	Field Length
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Sponsor SSN	MCSC_O_SPON_SSN	NUMBER	9
Sponsor Last Name (1 <sup>st</sup> 3 letters)	MCSC_O_SPON_LAST_NAME	CHAR	3
Sponsor Date of Birth	MCSC_O_SPON_DOB	NUMBER	8
DEERS Dependent Suffix	MCSC_O_DDS	CHAR	2
Family Enrollment Begin Date	MCSC_O_FAM_ENR_BEG_DT	DATE	8
Fee Payment Source System Identifier	MCSC_O_FEE_PMT_SRC_SYS_ID	NUMBER	7
Fee Payment Exception Reason Code	MCSC_O_FEE_PMT_EXC_RSN_CD	CHAR	1
Fee Payment Date	MCSC_O_FEE_PMT_DT	DATE	8
Fee Payment Paid Through Date	MCSC_O_FEE_PMT_THRU_DT	DATE	8
Fee Payment Dollar Amount	MCSC_O_FEE_PMT_AMT	CHAR	8
Family Enrollment Begin Date Change Flag	MCSC_O_FAM_ENR_BEG_DT_CHG_FLAG	CHAR	1
Error Code	MCSC_O_ERROR_CODE	CHAR	11

### 9.2.2.9. Prime Catastrophic Cap and Deductible Input File

Attribute Name	Field Name	Data Type	Field Length
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<b>Attribute Name</b>	<b>Field Name</b>	<b>Data Type</b>	<b>Field Length</b>
DEERS Family Identifier	DEERS_FAM_ID	NUMBER	9
DEERS Beneficiary Identifier	DEERS_BNFRY_ID	NUMBER	2
Health Care Delivery Program Type Code	PCCDI_HCDP_PLAN_TYPE_CD	CHAR	1
Family Enrollment Begin Date	PCCDI_FAM_ENR_BEGIN_DT	DATE	8
Catastrophic Cap Source System Identifier	PCCDI_CC_SRC_SYS_ID	NUMBER	7
Catastrophic Cap Total Dollar Amount	PCCDI_CC_TOT_DOLLR_AMT	NUMBER	8
Fiscal Year	PCCDI_FISCAL_YEAR	NUMBER	4
Point of Service Fiscal Year Source System Identifier	PCCDI_POS_SRC_SYS_ID	NUMBER	7
Point of Service Fiscal Year Deductible Cumulative Amount	PCCDI_POS_DED_CUM_AMT	NUMBER	11

### 9.3. Map of Target Fields from Source Fields

#### 9.3.1. HCDP Table

Target Field Name (HCDP Table)	Target Data Type	Field Length	Source Field Name	Source Data Type	F Le
DEERS Family Identifier	NUMBER	9	Sponsor SSN Sponsor FSN OR Sponsor Last Name (1 <sup>st</sup> three letters) OR Sponsor Date of Birth	NUMBER NUMBER CHAR DATE	
DEERS Beneficiary Identifier	NUMBER	2	DDS	NUMBER	
HCDP Type Code	CHAR	1	<b>Derive from:</b> Alternate Care Flag AND BRAC Pharmacy Flag	CHAR CHAR	
HCDP Plan Coverage Code	NUMBER	2	<b>Derive from:</b> Alternate Care Flag AND Assigned HCDP Type Code AND DMIS Identifier <sup>5</sup>	CHAR CHAR NUMBER	
HCDP Segment Identifier	NUMBER	3	<b>Code generated</b>	NUMBER	
Run Identifier	NUMBER	8	Code sets this to 1		
HCDP Begin Calendar Date	DATE	8	<b>Derive from:</b> Alternate Care Start Date AND Assigned HCDP Begin Date	DATE DATE	
HCDP Projected Calendar End Date	DATE	8	<b>Derive from:</b> Alternate Care End Date AND Assigned HCDP Projected End Date	DATE DATE	
HCDP Projected Calendar End Date Certainty Code	CHAR	1	Assigned HCDP Projected End Date Certainty Code	CHAR	
HCDP Termination Calendar Date	DATE	8	<b>Derive from:</b> Alternate Care End Date AND Assigned HCDP Termination Date	DATE DATE	
HCDP Termination Reason	CHAR	1	Assigned HCDP Termination Reason Code	CHAR	
HCDP Person Role Code	CHAR	1	Assigned HCDP Person Role Code	CHAR	

<sup>5</sup> In the derivation of the HCDP Plan Coverage Code, the DMIS Identifier is used to indicate beneficiaries with TRICARE Prime F exception of regions 1, 2 and 5, each region has a specific DMIS Identifier in the 7900 series they use for beneficiaries enrolled in will not enroll any beneficiaries from region 1, 2 and 5 in TPR, as there is no way of distinguishing TPR enrollments in these regic

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**9.3.2. HCDP Enrollment Table**

Target Field Name (HCDP Enrollment Table)	Target Data Type	Field Length	Source Field Name	Source Data Type	1 L
DEERS Family Identifier	NUMBER	9	Sponsor SSN Sponsor FSN OR Sponsor Last Name (1 <sup>st</sup> three letters) OR Sponsor Date of Birth	NUMBER NUMBER CHAR DATE	
DEERS Beneficiary Identifier	NUMBER	2	DDS	NUMBER	
Health Care Delivery Program Type Code	CHAR	1	<b>Derive from:</b> Alternate Care Flag AND BRAC Pharmacy Flag	CHAR CHAR	
Health Care Delivery Program Plan Coverage Code	NUMBER	2	<b>Derive from:</b> Alternate Care Flag AND Assigned HCDP Type Code AND DMIS Identifier	CHAR CHAR	
Health Care Delivery Program Segment Identifier	NUMBER	3	<b>Code generated</b>	NUMBER	
Health Care Delivery Program Enrollment Segment Identifier	NUMBER	3	<b>Code generated</b>	NUMBER	
Run Identifier	NUMBER	8	Code sets this to 1		
Health Care Delivery Program Enrollment Management System Identifier	NUMBER	7	<b>Derive from:</b> DMIS Identifier	NUMBER	
Health Care Delivery Program Enrollment Creation Calendar Date / Time	DATE / TIME	14	Code sets this to the System Date and Time		
Health Care Delivery Program Prior Enrollment Management System Identifier	NUMBER	7	Code sets this to spaces		
Health Care Delivery Program Prior Enrollment Management System Verification Status Code	CHAR	1	Code sets this to spaces		
Health Care Delivery Program Prior Enrollment Management System Verification Calendar Date/Time	DATE /TIME	14	Code sets this to spaces		
Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code	CHAR	1	MCSC Individual Enrollment Fee Waiver Reason Code	CHAR	



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Target Field Name (HCDP Enrollment Table)	Target Data Type	Field Length	Source Field Name	Source Data Type	1 L
Health Care Delivery Program Enrollment Begin Date	DATE	8	<b>Derive from:</b> Alternate Care Start Date AND Assigned HCDP Begin Date AND MCSC Individual Enrollment Begin Date	DATE DATE DATE	
Health Care Delivery Program Enrollment Projected End Calendar Date	DATE	8	<b>Derive from:</b> Alternate Care End Date AND Assigned HCDP Projected End Date AND MCSC Individual Enrollment End Date	DATE DATE DATE	
Health Care Delivery Program Enrollment Projected End Calendar Date Certainty Code	CHAR	1	Assigned HCDP Projected End Calendar Date Certainty Code	CHAR	
Health Care Delivery Program Enrollment Termination Calendar Date	DATE	8	<b>Derive from:</b> Alternate Care End Date AND Assigned HCDP Termination Date AND MCSC Individual Enrollment End Date	DATE DATE DATE	
Health Care Delivery Program Enrollment Termination Reason Code	CHAR	1	Assigned HCDP Termination Reason Code	CHAR	

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**9.3.3. PCM Selection Table**

<b>Target Field Name (PCM Table)</b>	<b>Target Data Type</b>	<b>Field Length</b>	<b>Source Field Name</b>	<b>Source Data Type</b>	<b>1 L</b>
DEERS Family Identifier	NUMBER	9	Sponsor SSN Sponsor FSN OR Sponsor Last Name (1 <sup>st</sup> three letters) OR Sponsor Date of Birth	NUMBER NUMBER CHAR DATE	
DEERS Beneficiary Identifier	NUMBER	2	DDS	NUMBER	
Health Care Delivery Program Type Code	CHAR	1	<b>Derive from:</b> Alternate Care Flag AND BRAC Pharmacy Flag	CHAR CHAR	
Health Care Delivery Program Plan Coverage Code	NUMBER	2	<b>Derive from:</b> Alternate Care Flag AND Assigned HCDP Type Code AND DMIS Identifier	CHAR CHAR	
Health Care Delivery Program Segment Identifier	NUMBER	3	<b>Code generated</b>	NUMBER	
Primary Care Manager Region Identifier	NUMBER	2	<b>Derive from:</b> DMIS Identifier	NUMBER	
Primary Care Manager Network Provider Type Code	CHAR	1	<b>Derive from:</b> PCM Code MCSC PCM Code	CHAR CHAR	
Primary Care Manager Selection Segment Identifier	NUMBER	3	<b>Code generated</b>		
Run Identifier	NUMBER	8	Code sets this to 1		
Primary Care Manager Enrolling Division Segment Identifier	NUMBER	3	<b>Code generated</b>		
Primary Care Manager Selection Creation Calendar Date / Time	DATE / TIME	14	Code sets this to the System Date and Time		
Primary Care Manager Segment Identifier	NUMBER	3	<b>Code generated</b>		
Primary Care Manager Identifier	CHAR	1	MCSC PCM Identifier	CHAR	
Primary Care Manager Identifier Type Code	CHAR	1	<b>Code generated</b>		
Primary Care Manager Enrolling Division DMIS Identifier	NUMBER	4	DMIS Identifier	NUMBER	
Primary Care Manager Selection Begin Date	DATE	8	<b>Derive from:</b> Alternate Care Start Date AND Assigned HCDP Begin Date AND MCSC PCM Begin Date	DATE DATE DATE	

## Health Care Delivery Program D

Target Field Name (PCM Table)	Target Data Type	Field Length	Source Field Name	Source Data Type	Field Length
Primary Care Manager Selection Projected End Date	DATE	8	<b>Derive from:</b> Alternate Care End Date AND Assigned HCDP Projected End Date AND MCSC Individual Enrollment End Date	DATE DATE DATE	
Primary Care Manager Selection Projected End Calendar Date Certainty Code	CHAR	1	Assigned HCDP Projected End Calendar Date Certainty Code	CHAR	
Primary Care Manager Selection Termination Calendar Date	DATE		<b>Derive from:</b> Alternate Care End Date AND Assigned HCDP Termination Date AND MCSC Individual Enrollment End Date	DATE DATE DATE	
Primary Care Manager Selection Termination Reason Code	CHAR	1	Assigned HCDP Termination Reason Code	CHAR	

### 9.3.4. Family Policy Enrollment Year Table

Target Field Name (Family Policy Enrollment Year Table)	Target Data Type	Field Length	Source Field Name	Source Data Type	Field Length
DEERS Family Identifier	NUMBER	9	Sponsor SSN Sponsor FSN OR Sponsor Last Name (1 <sup>st</sup> three letters) OR Sponsor Date of Birth	NUMBER NUMBER CHAR DATE	
DEERS Beneficiary Identifier	NUMBER	2	DDS	NUMBER	
Family Policy Enrollment Year Segment Identifier	NUMBER	3	<b>Code Generated</b>		
Run Identifier	NUMBER	8	Code sets this to 1		
Prime Family Enrollment Anniversary Calendar Date	DATE	8	MCSC Family Enrollment Begin Date	DATE	
Family Policy Enrollment Year Enrollment Fee Payment Plan Type Code	CHAR	1	MCSC Fee Payment Plan Type Code	CHAR	
Family Policy Enrollment Year Update Date/Time	NUMBER	14	<b>Code Generated</b>		

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## 9.3.5. HCDP Fee Payment Table

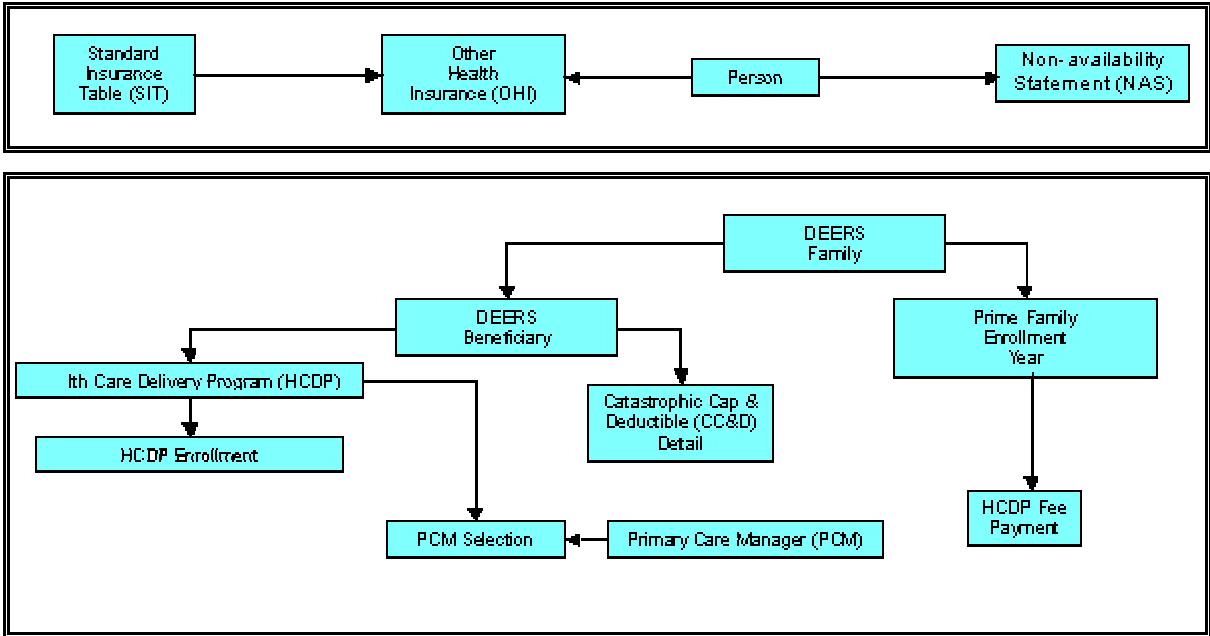
Target Field Name (HCDP Fee Payment Table)	Target Data Type	Field Length	Source Field Name	Source Data Type	F Le
DEERS Family Identifier	NUMBER	9	Sponsor SSN Sponsor FSN OR Sponsor Last Name (1 <sup>st</sup> three letters) OR Sponsor Date of Birth	NUMBER NUMBER CHAR DATE	
DEERS Beneficiary Identifier	NUMBER	2	DDS	NUMBER	
Health Care Delivery Program Fee Payment Segment Identifier	NUMBER	3	Code generated		
Family Policy Enrollment Year Segment Identifier	NUMBER	7	Code generated		
Run Identifier	NUMBER	7	Code sets this to 1		
Health Care Delivery Program Fee System Identifier	CHAR	1	DMIS Identifier	NUMBER	
Health Care Delivery Program Enrollment Fee Payment Creation Calendar Date / Time	DATE/ TIME	14	Code sets this to the System Date and Time		
Health Care Delivery Program Prior Enrollment Fee System Identifier	NUMBER	7	Code sets this to spaces		
Health Care Delivery Program Prior Enrollment Verification Status Code	CHAR	1	Code sets this to spaces		
Health Care Delivery Program Prior Enrollment Fee System Verification Status Calendar Date/Time	DATE/ TIME	14	Code sets this to spaces		
Health Care Delivery Program Enrollment Fee Payment Exception Reason Code	CHAR	1	MCSC Fee Payment Exception Reason Code	CHAR	
Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date	DATE	8	MCSC Fee Payment Paid Through Date	DATE	
Health Care Delivery Program Enrollment Fee Payment Plan Type Code	CHAR	1	MCSC Fee Payment Plan Type Code	CHAR	
Health Care Delivery Program Enrollment Fee Payment Dollar Amount	NUMBER	7	MCSC Fee Payment Total Dollar Amount	NUMBER	

#### 9.4. Error Code Definitions

Error Code	Variable Name	Error Description
E0000000000	ErrOk	No errors found. This record is valid.
E0000000001	ErrInvSsn	Sponsor's SSN contains invalid characters or is not within valid range
E0000000002	ErrInvFsn	Invalid Family Sequence Number
E0000000004	ErrInvDds	Invalid DEERS Dependent Suffix
E0000000016	ErrInvDt	Invalid Date
E0000000032	errInvDmisId	Invalid DMIS Code
E0000000064	errInvRgnCd	Invalid Region Code
E0000000128	errPersonNotFound	Unable to match DEERS old eligibility key to DEERS 3.0 key
E0000000256	errInvSpnStatus	Invalid Sponsor Status
E0000000512	errInvAcFlag	Invalid Alt-Care Flag
E0000001024	errInvPcmCd	Invalid PCM Code
E0000002048	errInvBracFlag	Invalid BRAC Flag
E0000004096	errInvRecordType	Invalid Record Type
E0000008192	errInvName	Invalid Name
E0000016384	errInvFeeFlag	Invalid Fee Flag
E0000032768	errInvIndFamFlag	Invalid Individual/Family Flag
E0000065536	errInvDeptRel	Invalid Dependent Relationship
E0000131072	errInvEnrIPd	Enrollment Start Date prior Enrollment End Date
E0000262144	errDmisRgnConflict	The Region Code is invalid for DMIS Code
E0000524288	errPersonNotElig	Person is ineligible for enrollment
E0001048576	errMcscNotReconcile	MCSC records not reconciled within a region
E0002097152	errDeersWoMcsc	A DEERS enrollment exists without a matching MCSC enrollment
E0004194304	errLegMcscDmisConflict	DEERS Old Eligibility DMIS Code does not match MCSC DMIS Code
E0008388608	ErrMcscWoDeers	An MCSC enrollment exists without a matching DEERS enrollment

Health Care Delivery Program Data Conversion Specifications

9.5. DEERS 3.0 High Level Data Model



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## 9.6. Data Conversion Data Elements

### Alternate Care End Date

**Definition:** Date of the projected end of CHAMPUS alternate care eligibility.

**Display Length:** 8

**Valid Values:** YYYYMMDD – Date  
19000101 – 20991231  
99999999 = Indefinite  
00000000 = No CHAMPUS alternate care end date

#### Entity List

DEERS Old Eligibility File – ALT\_CARE\_END\_DATE

DEERS Old Eligibility Alt-Care History File – ALT\_CARE\_HISTORY\_DISENRL\_DATE

### Alternate Care Flag

**Definition:** Code indicating the type of CHAMPUS alternate care for the period specified by the alternate care start and end dates.

**Display Length:** 1

**Valid Values:** A = Managed Care Program (MCP)  
D = Managed Care Program (MCP)  
E = Managed Care Program (MCP)  
G = Is or had been enrolled in U.S. Army CAM, Ft. Sill  
H = Is or had been enrolled in U.S. Army CAM, Ft. Carson  
J = Is or had been enrolled in Med Excel, Bergstrom AFB  
K = Is or had been enrolled in Med Excel, Luke/Williams AFB  
P = Is or had been enrolled in CHAMPUS PRIME  
S = Continued Health Care Benefit Program  
U = Uniformed Services Treatment Facility – Managed Care Program\  
Blank = Sponsor has not been enrolled in a CHAMPUS alternate care program

#### Entity List

DEERS Old Eligibility File – ALT\_CARE\_FLAG

DEERS Old Eligibility Alt-Care History File – ALT\_CARE\_HISTORY\_TYPE

**Health Care Delivery Program Data Conversion Specifications**  
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**Alternate Care Start Date**

**Definition:** Actual date CHAMPUS alternate care eligibility began.

**Display Length:** 8

**Valid Values:** YYYYMMDD – Date  
19000101 – 20991231  
00000000 = No CHAMPUS alternate care start date

**Entity List**

DEERS Old Eligibility File – ALT\_CARE\_START\_DATE

DEERS Old Eligibility Alt-Care History File – ALT\_CARE\_HISTORY\_ENRL\_DATE

**BRAC Flag**

**Definition:** Code indicating eligibility for pharmacy and mail order prescription benefits due to a base closure.

**Display Length:** 1

**Valid Values:** Y = Yes  
N = No  
Blank = No

**Entity List**

DEERS Old Eligibility File – BRAC\_FLAG

**Catastrophic Cap Source System Identifier**

**Definition:** The identifier of the source system of the Catastrophic Cap.

**Display Length:** 7

**Valid Values**  
0000000 – 9999999

**Entity List**

Managed Care Support Contractor Family Input File – MCSC\_I\_CCAP\_SRC\_SYS\_ID

Managed Care Support Contractor Family Output File – MCSC\_O\_CCAP\_SRC\_SYS\_ID

Prime Catastrophic Cap and Deductible Input File – PCCDI\_CC\_SRC\_SYS\_ID

**Catastrophic Cap Total Dollar Amount**

**Definition:** The total amount (in cents) of the accumulated Catastrophic Cap for the enrollment period identified by the Cat Cap Enrollment Anniversary Date.

**Display Length:** 8

**Valid Values**

-999999.99 -- +999999.99 (implied decimal point)

**Entity List**

Managed Care Support Contractor Family Input File – MCSC\_I\_CCAP\_AMT  
Managed Care Support Contractor Family Output File – MCSC\_O\_CCAP\_AMT  
Prime Catastrophic Cap and Deductible Input File – PCCDI\_CC\_TOT\_DOLLR\_AMT

**DEERS Beneficiary Identifier**

**Definition:** The generated number that uniquely identifies a family member for the purposes of DoD benefits.

**Display Length:** 2

**Valid Values**

00-99

**Entity List**

Health Care Delivery Program Load File - DEERS\_BNFRY\_ID  
Health Care Delivery Program Enrollment Load File - DEERS\_BNFRY\_ID  
Primary Care Manager Selection Load File - DEERS\_BNFRY\_ID  
Family Policy Enrollment Year Load File - DEERS\_FAM\_ID  
Health Care Delivery Program Fee Payment Load File - DEERS\_FAM\_ID  
Managed Care Support Contractor Individual Enrollment Output File – DEERS\_BNFRY\_ID  
Managed Care Support Contractor Family Output File – DEERS\_BNFRY\_ID  
Managed Care Support Contractor Fee Payment Output File – DEERS\_BNFRY\_ID  
Master Key File – DEERS\_BNFRY\_ID  
Prime Catastrophic Cap and Deductible Input File – DEERS\_BNFRY\_ID

**Health Care Delivery Program Data Conversion Specifications**  
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**DEERS Dependent Suffix**

**Definition:** A code indicating dependent beneficiary relationship to a sponsor.

**Display Length:** 2

**Valid Values:** 01 – 19 = Child  
                    20 = Sponsor  
                    30 – 39 = Spouse  
                    40 – 44 = Mother  
                    45 – 49 = Father  
                    50 – 54 = Mother-in-law  
                    55 – 59 = Father-in-law  
                    60 – 69 = Other eligible dependents  
                    75 = Pseudo DDS – unknown by FI. Not a valid value on data base;  
                            seen only on an input transaction.  
                    99 = Other or unknown relationship

**Entity List**

Master Key File – DDS

DEERS Old Eligibility File – DDS

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_DDS

Managed Care Support Contractor Family Input File – MCSC\_I\_DDS

Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_DDS

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_DDS

Managed Care Support Contractor Family Output File – MCSC\_O\_DDS

Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_DDS

DEERS Old Eligibility Alt-Care History File – ALT\_CARE\_HISTORY\_DDS

**DEERS Family Identifier**

**Definition:** The generated number that uniquely identifies a family for the purpose of DoD benefits.

**Display Length:** 9

**Valid Values:**

1-999999999

**Entity List**

Health Care Delivery Program Load File - DEERS\_FAM\_ID

Health Care Delivery Program Enrollment Load File – DEERS\_FAM\_ID

Primary Care Manager Selection Load File - DEERS\_FAM\_ID

Family Policy Enrollment Year Load File – DEERS\_FAM\_ID

Health Care Delivery Program Fee Payment Load File - DEERS\_FAM\_ID

Managed Care Support Contractor Individual Enrollment Output File – DEERS\_FAM\_ID

Managed Care Support Contractor Family Output File – DEERS\_FAM\_ID

Managed Care Support Contractor Fee Payment Output File – DEERS\_FAM\_ID

Master Key File – DEERS\_FAM\_ID

Prime Catastrophic Cap and Deductible Input File – DEERS\_FAM\_ID

### **DMDC Identifier**

**Definition:** The identifier that represents a person on the database.

**Display Length:** 9

**Valid Values:** 000000001 – 999999999

#### **Entity List**

Master Key File – DMDC\_ID

### **DMIS Identifier**

**Definition:** Value indicating the DMIS ID of the installation where a beneficiary was or is currently enrolled in a Coordinated Care Program/Managed Care Program.

**Display Length:** 4

**Valid Values:** 0001 – 9999 plus spaces

#### **Entity List**

DEERS Old Eligibility File – DMIS\_CODE

DEERS Old Eligibility Alt-Care History File – ALT\_CARE\_HISTORY\_DMIS

DEERS Old Eligibility DMIS File – DMIS\_KEY

Managed Support Contractor Individual Enrollment Input File – MCSC\_I\_DMIS\_ID

Managed Support Contractor Individual Enrollment Output File – MCSC\_O\_DMIS\_ID

Primary Care Manager Selection Load File – PCM\_ENRL\_DIV\_DMIS\_ID

### **DMIS Region Code**

**Definition:** The TRICARE region identification code.

**Display Length:** 2

**Valid Values:** 1 – 16

#### **Entity List**

DEERS Old Eligibility DMIS File – DMIS\_REGION\_CODE

Primary Care Manager Selection Load File – PCM\_RGN\_ID

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**Family Enrollment Begin Date**

**Definition:** The anniversary date for a family's enrollment.

**Display Length:** 8

**Valid Values**

YYYYMMDD    Date

**Entity List**

Managed Care Support Contractor Family Input File – MCSC\_I\_FAM\_ENR\_BEG\_DT  
Managed Care Support Contractor Family Output File – MCSC\_O\_FAM\_ENR\_BEG\_DT  
Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_FAM\_ENR\_BEG\_DT  
Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_FAM\_ENR\_BEG\_DT  
Prime Catastrophic Cap and Deductible Input File – PCCDI\_FAM\_ENR\_BEGIN\_DT

**Family Enrollment End Date**

**Definition:** The date a family's enrollment ends.

**Display Length:** 8

**Valid Values**

YYYYMMDD    Date

**Entity List**

Managed Care Support Contractor Family Input File – MCSC\_I\_FAM\_ENR\_END\_DT  
Managed Care Support Contractor Family Output File – MCSC\_O\_FAM\_ENR\_END\_DT  
Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_FAM\_ENR\_END\_DT  
Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_FAM\_ENR\_END\_DT

**Family Sequence Number**

**Definition:** (FSN)

**Display Length:** 1

**Valid Values:** 1 – 9

**Entity List**

Master Key File – FSN  
DEERS Old Eligibility File – SPONSOR\_FSN  
DEERS Old Eligibility Alt-Care History File – ALT\_CARE\_HISTORY\_FSN

**Fiscal Year**

**Definition:** The fiscal year associated with the current record's POS deductible.

**Display Length:** 4

**Valid Values**

0000 – 9999 and blanks

**Entity List**

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_FY  
Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_FY  
Prime Catastrophic Cap and Deductible Input File – PCCDI\_FISCAL\_YEAR

**Health Care Delivery Program Begin Calendar Date**

**Definition:** The date when the person's Health Care Delivery Program became effective.

**Display Length:** 8

**Valid Values**

YYYYMMDD Date

**Entity List**

Health Care Delivery Program Load File – HCDP\_BGN\_DT

**Health Care Delivery Program Enrollment Begin Calendar Date**

**Definition:** The date a beneficiary begin enrollment in a Health Care Delivery Program.

**Display Length:** 8

**Valid Values**

YYYYMMDD Date

**Entity List**

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_IND\_ENR\_BGN\_DT  
Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_IND\_ENR\_BGN\_DT  
Health Care Delivery Program Enrollment Load File – HCDP\_ENRL\_BGN\_DT

**Health Care Delivery Program Data Conversion Specifications**  
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**Health Care Delivery Program Enrollment Fee Payment Applied Dollar Amount**

**Definition:** The amount (in cents) of the Health Care Delivery Program fee payment to applied to the total.

**Display Length:** 7

**Valid Values**

-99999.99 -- +99999.99 (implied decimal point)

**Entity List**

Health Care Delivery Program Fee Payment Load File – HCDP\_FEE\_PMT\_APPLD\_AM

Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_FEE\_PMT\_AMT

Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_FEE\_PMT\_AMT

**Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date**

**Definition:** The date for which the Health Care Delivery Program fee payment was made.

**Display Length:** 8

**Valid Values**

YYYYMMDD Date

**Entity List**

Health Care Delivery Program Fee Payment Load File - HCDP\_FEE\_PMT\_THRU\_DT

Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_FEE\_PMT\_THRU\_DT

Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_FEE\_PMT\_THRU\_DT

**Health Care Delivery Program Enrollment Fee Payment Calendar Date**

**Definition:** The date on which the Health Care Delivery Program fee payment was made.

**Display Length:** 8

**Valid Values**

YYYYMMDD Date

**Entity List**

Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_FEE\_PMT\_DT

Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_FEE\_PMT\_DT



**Health Care Delivery Program Prior Enrollment Fee System Identifier**

**Definition:** The identifier that represents the prior Health Care Delivery Program enrollment fee system.

**Display Length:** 7

**Valid Values**

0000000 - 9999999

**Entity List**

Health Care Delivery Program Fee Payment Load File - HC DP\_PRIOR\_ENRL\_FSYS\_ID

**Health Care Delivery Program Prior Enrollment Fee System Verification Status Code**

**Definition:** The code indicating the status of the verification of the prior Health Care Delivery Program enrollment fee system

**Display Length:** 1

**Valid Values**

N No longer used

P Placeholder (i.e., this is a skeletal record created to accommodate the need for an HC DP record)

U Unverified

V Verified

**Entity List**

Health Care Delivery Program Fee Payment Load File - HC DP\_PFSYS\_VER\_STAT\_CD

**Health Care Delivery Program Prior Enrollment Fee System Verification Calendar Date / Time**

**Definition:** The date and time of verification for the prior Health Care Delivery Program enrollment fee system.

**Display Length:** 14

**Valid Values**

YYYYMMDDHHMMSS                      Date and Time

**Entity List**

Health Care Delivery Program Fee Payment Load File - HC DP\_PFSYS\_VER\_DT\_TM

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**Health Care Delivery Program Enrollment Fee Payment Exception Reason Code**

**Definition:** The code representing the reason that the Health Care Delivery Program enrollment fee payment was either partial or no payment at all.

**Display Length:** 1

**Valid Values**

- C Catastrophic cap and deductible have been met for this payment period
- I Enrollment fee for this payment period has been affected by individual family member waiver(s)

**Entity List**

Health Care Delivery Program Fee Payment Load File - HCDP\_FPMT\_EXC\_RSN\_CD  
Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_FEE\_PMT\_EXC\_RSN\_CD  
Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_FEE\_PMT\_EXC\_RSN\_CD

**Health Care Delivery Program Enrollment Fee System Identifier**

**Definition:** The DMIS identifier of the Health Care Delivery Program system associated with the enrollment fee.

**Display Length:** 7

**Valid Values**

0000000 – 9999999

**Entity List**

Health Care Delivery Program Fee Payment Load File – HCDP\_ENRL\_FSYS\_ID  
Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_FEE\_PMT\_SRC\_SYS\_ID  
Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_FEE\_PMT\_SRC\_SYS\_ID

**Health Care Delivery Program Enrollment Management System Identifier**

**Definition:** The DMIS identifier of the Health Care Delivery Program enrollment system manager.

**Display Length:** 7

**Valid Values**

0000000 – 9999999

**Entity List**

Health Care Delivery Program Enrollment Load File – HCDP\_ENRL\_MSYS\_ID

**Health Care Delivery Program Enrollment Projected End Calendar Date**

**Definition:** The date that enrollment within a Health Care Delivery Program is expected to end for a beneficiary.

**Display Length:** 8

**Valid Values**

YYYYMMDD                      Date

**Entity List**

Health Care Delivery Program Enrollment Load File – HCDP\_ENRL\_PE\_DT

**Health Care Delivery Program Enrollment Projected End Calendar Date Certainty Code**

**Definition:** The code that represents the certainty of the Enrollment Projected End Date.

**Display Length:** 1

**Valid Values**

Q	The date is certain (automatically terminated on this date).
R	The date is estimated.
U	No date can be predicted.
W	No date is applicable.

**Entity List**

Health Care Delivery Program Enrollment Load File – HCDP\_ENRL\_PEDC\_CD

**Health Care Delivery Program Enrollment Segment Identifier**

**Definition:** The segment of time during which an individual was enrolled in a specific Health Care Delivery Program.

**Display Length:** 3

**Valid Values**

001 – 999

**Entity List**

Health Care Delivery Program Enrollment Load File – HCDP\_ENRL\_SEG\_ID

**Health Care Delivery Program Data Conversion Specifications**  
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**Health Care Delivery Program Enrollment Termination Calendar Date**

**Definition:** The date that enrollment in the Health Care Delivery Program actually terminates for a beneficiary.

**Display Length:** 8

**Valid Values**

YYYYMMDD                      Date

**Entity List**

Health Care Delivery Program Enrollment Load File – HCDP\_ENRL\_TERM\_DT

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_IND\_ENR\_END\_DT

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_IND\_ENR\_END\_DT

**Health Care Delivery Program Enrollment Termination Reason Code**

**Definition:** The reason an enrollment within a Health Care Delivery program is terminated for a beneficiary.

**Display Length:** 1

**Valid Values**

A	Enrolled to another Health Care Delivery Plan (i.e., joined another HMO/Non-MCP site)
C	Terminated due to change in entitlement and/or eligibility
D	Deceased
E	Lockout – Early disenrollment
F	Invalid entry
K	Family temporary location change (i.e., snowbirds)
L	Lockout – failure to pay enrollment fee
M	Relocation
N	Dissatisfied with enrolled organization
Q	The date is certain (automatically terminated on this date).; expiration of enrollment
R	The date is estimated.
S	Split family
T	Termination of Health Care Delivery Program
U	No date can be predicted.
V	Enrollment cancelled
W	No date is applicable
X	Reciprocally transferred (i.e., transfer entered by gaining site)
Y	PCS (i.e., transfer entered by losing site)

Note: This list would have to be agreed upon by CHCS, Managed Care Support Contractors, and HA.

**Entity List**

Health Care Delivery Program Enrollment Load File – HCDP\_ENRL\_TRSN\_CD

### **Health Care Delivery Program Fee Payment Segment Identifier**

**Definition:** The key that (together with other attributes) uniquely identifies a Health Care Delivery Program Fee Payment record.

**Display Length:** 3

**Valid Values**

001 – 999

**Entity List**

Health Care Delivery Program Fee Payment Load File – HCDP\_FEE\_SEG\_ID

### **Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code**

**Definition:** The code representing the reason that Health Care Delivery Program enrollment fees are waived for this individual.

**Display Length:** 1

**Valid Values**

- A Mental Health Wraparound Program
- B Bosnia Special Operation
- C Below 65 years of age and Medicare A and B eligible

**Entity List**

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_IND\_FWW\_WVR\_RSN\_CD

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_IND\_FWW\_WVR\_RSN\_CD

Health Care Delivery Program Enrollment Load File – HCDP\_IND\_FEE\_WVR\_RSN\_CD

### **Health Care Delivery Program Person Role Code**

**Definition:** The code indicating the role of the individual beneficiary within the delivery program. The sponsor of a family is usually the subscriber, but a family member separated geographically or a former spouse may also be the subscriber. A subscriber may or may not be an insured. For example, the Family Member TRICARE Prime coverage has the sponsor as the subscriber, but he/she is not an insured.

**Display Length:** 1

**Valid Values**

- |   |                        |
|---|------------------------|
| S | Subscriber             |
| I | Insured                |
| B | Subscriber and Insured |

**Entity List**

Health Care Delivery Program Load File - HCDP\_PN\_ROLE\_CD

**Health Care Delivery Program Data Conversion Specifications**  
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**Health Care Delivery Program Plan Coverage Code**

**Definition:** The code that describes the coverage of the plan that a family member or sponsor has within the Health Care Delivery Program Type Code.

**Display Length:** 2

**Valid Values**

Assigned HCDP Plan Coverage Codes

001	Direct Care for Active Duty Sponsors
002	Direct Care for Active Duty Family Members
003	TRICARE Standard for Active Duty Family Members
004	Direct Care for Survivors of Active Duty Deceased Sponsors
005	TRICARE Standard for Survivors of Active Duty Deceased Sponsors
006	Direct Care for Transitional Assistance Family Members
007	TRICARE Standard for Transitional Assistance Sponsors and Family members
008	Direct Care for Retired Sponsors and Family Members
009	TRICARE Standard for Retired Sponsors and Family Members
010	TRICARE Senior Standard (non-election Prime)
011	Direct Care for CONUS DoD Affiliates
012	TRICARE Standard for CONUS DoD Affiliates
013	Direct Care for OCONUS DoD Affiliates

Enrolled HCDP Plan Coverage Codes

101	CHAMPUS Reform Initiative (CRI) – CHAMPUS PRIME (history)
102	Fort Sill – Catchment Area Management (CAM) program (history)
103	Fort Carson – Catchment Area Management (CAM) program (history)
104	Bergstrom Air Force Base (AFB) – Catchment Area Management (CAM) program (history)
105	Luke/Williams Air Force Base (AFB) – Catchment Area Management (CAM) program (history)
106	TRICARE Prime Individual Coverage for Active Duty Sponsors
107	TRICARE Prime Individual Coverage for Active Duty Family Members
108	TRICARE Prime Family Coverage for Active Duty Family Members
109	TRICARE Prime (USFHP) Individual Coverage for Active Duty Family Members
110	TRICARE Prime (USFHP) Family Coverage for Active Duty Family Members
111	TRICARE Prime for Survivors of Active Duty Deceased Sponsors
112	TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
113	TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
114	TRICARE Prime (USFHP) Individual Coverage for Transitional Assistance Sponsors and Family Members
115	TRICARE Prime (USFHP) Family Coverage for Transitional Assistance Sponsors and Family Members
116	TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
117	TRICARE Prime Family Coverage for Retired Sponsors and Family Members
118	TRICARE Prime (USFHP) Individual Coverage for Retired Sponsors and Family Members
119	TRICARE Prime (USFHP) Family Coverage for Retired Sponsors and Family Members
120	TRICARE Senior Prime Individual Coverage for Retired Sponsors and Family Members
121	Continued Health Care Benefit Program Individual Coverage
122	Continued Health Care Benefit Program Family Coverage

Dental HCDP Plan Coverage Codes

201	TRICARE Dental Plan Individual Coverage for Active Duty Family Members
202	TRICARE Dental Plan Family Coverage for Active Duty Family Members
203	TRICARE Dental Plan Individual Remote Coverage for Active Duty Family Members
204	TRICARE Dental Plan Family Remote Coverage for Active Duty Family Members

205	TRICARE Dental Plan Individual Coverage for Survivors of Active Duty Deceased Sponsors
206	TRICARE Dental Plan Family Coverage for Survivors of Active Duty Deceased Sponsors
207	TRICARE Dental Plan Individual Coverage for Selected Reserve (SELRES) Sponsors
208	TRICARE Dental Plan Individual Coverage for Selected Reserve (SELRES) Family Members
209	TRICARE Dental Plan Individual Coverage for Survivors of Selected Reserve (SELRES) Deceased Sponsors
210	TRICARE Dental Plan for Mobilization-asset Individual Ready Reserve (IRR) Sponsors
211	TRICARE Dental Plan Individual Coverage for Mobilization-asset Individual Ready Reserve (IRR) Family Members
212	TRICARE Dental Plan Family Coverage for Mobilization-asset Individual Ready Reserve (IRR) Family Members
213	TRICARE Dental Plan Individual Coverage for Survivors of Mobilization-asset Individual Ready Reserve (IRR) Deceased Sponsors
214	TRICARE Dental Plan Family Coverage for Survivors of Mobilization-asset Individual Ready Reserve (IRR) Deceased Sponsors
215	TRICARE Dental Plan Individual Coverage for non-Mobilization-asset Individual Ready Reserve (IRR) Sponsors and Family Members
216	TRICARE Dental Plan Family Coverage for non-Mobilization-asset Individual Ready Reserve (IRR) Sponsors and Family Members

Special HCDP Plan Coverage Codes

301	BRAC Pharmacy
302	Mail Order Pharmacy

Entity List

Health Care Delivery Program Load File - HCDP\_PLN\_CVG\_CD  
Health Care Delivery Program Enrollment Load File - HCDP\_PLN\_CVG\_CD  
Primary Care Manager Selection Load File - HCDP\_PLN\_CVG\_CD

**Health Care Delivery Program Prior Enrollment Management System Identifier**

**Definition:** The identifier that represents the prior Health Care Delivery Program enrollment management system.

**Display Length:** 7

**Valid Values**

0000000 – 9999999

**Entity List**

Health Care Delivery Program Enrollment Load File – HCDP\_PMSYS\_ID

**Health Care Delivery Program Data Conversion Specifications**  
**Version: 03**

**Health Care Delivery Program Prior Enrollment Management System Verification Status Code**

**Definition:** The code indicating the status of the verification of the prior Health Care Delivery Program enrollment management system

**Display Length:** 1

**Valid Values**

N	No longer used
P	Placeholder (i.e., this is a skeletal record created to accommodate the need for an HCDP record)
U	Unverified
V	Verified

**Entity List**

Health Care Delivery Program Enrollment Load File – HCDP\_PMSTS\_VER\_STAT\_CD

**Health Care Delivery Program Projected End Calendar Date**

**Definition:** The date that the Health Care Delivery Program is projected to end.

**Display Length:** 8

**Valid Values**

YYYYMMDD	Date
----------	------

**Entity List**

Health Care Delivery Program Load File - HCDP\_PE\_DT

**Health Care Delivery Program Projected End Calendar Date Certainty Code**

**Definition:** The code that represents the certainty of the Health Care Delivery Program Projected End Calendar Date.

**Display Length:** 1

**Valid Values**

Q	The date is certain (automatically terminates the segment on this date).
R	The date is an estimate.
U	No date can be predicted.
W	No date is applicable.

**Entity List**

Health Care Delivery Program Load File - HCDP\_PEDC\_CD



## Health Care Delivery Program Segment Identifier

**Definition:** The identifier that is used to ensure a unique key on each Health Care Delivery Program record.

**Display Length: 3**

### Valid Values

001 – 999

## Entity List

Health Care Delivery Program Load File – HCDP\_SEG\_ID

Health Care Delivery Program Enrollment Load File – HCDP\_SEG\_ID

## Primary Care Manager Selection Load File - HCDP\_SEG\_ID

### Valid Values

001 – 999

**Health Care Delivery Program Termination Calendar Date**

**Definition:** The date that a Health Care Delivery Program is actually terminated.

**Display Length: 8**

### Valid Values

YYYYMMDD

Date \_\_\_\_\_

## Entity List

Health Care Delivery Program Load File - HCDP\_TERM\_DT

**Health Care Delivery Program Termination Reason Code**

**Definition:** The reason a Health Care Delivery Program was terminated.

**Display Length: 1**

### Valid Values

F	Invalid entry
N	Dissatisfied with enrolled organization
Q	The date is certain (automatically terminated on this date).
R	The date is estimated.
T	Termination of Health Care Delivery Program
U	No end date can be predicted.
W	No date is applicable

Note: This list would have to be agreed upon by CHCS, Managed Care Support Contractors, and HA.

## Entity List

Health Care Delivery Program Load File - HCDP\_TRSN\_CD

**Health Care Delivery Program Data Conversion Specifications**  
**Version: 03**

**Health Care Delivery Program Type Code**

**Definition:** The code that represents a specific kind of Health Care Delivery Program a DoD Beneficiary has.

**Display Length:** 1

**Valid Values**

M	Health Care (TRICARE, etc.)
D	Dental
P	BRAC Pharmacy

**Entity List**

Health Care Delivery Program Load File – HCDP\_TYP\_CD

Health Care Delivery Program Enrollment Load File - HCDP\_TYP\_CD

Primary Care Manager Selection Load File - HCDP\_TYP\_CD

Prime Catastrophic Cap and Deductible Input File – PCCDI\_HCDP\_PLAN\_TYPE\_CD

**Individual/Family Flag**

**Definition:** The flag specifying whether a plan is an Individual plan or Family plan.

**Display Length:** 1

**Valid Values**

I	Individual
F	Family

**Entity List**

Managed Care Support Contractor Family Input File – MCSC\_I\_FAMILY\_FLAG

Managed Care Support Contractor Family Output File – MCSC\_O\_FAMILY\_FLAG

**Patient Identifier**

**Definition:** The identifier associated with a particular patient.

**Display Length:** 9

**Valid Values**

000000000 – 999999999

**Entity List**

Master Key File – PTNT\_ID

**Point of Service Fiscal Year Deductible Cumulative Amount**

**Definition:** The cumulative amount of payments made toward the deductible for a given fiscal year for a family for point of service actions.

**Display Length:** 11

**Valid Values**

-9999999.99 through +99999999.99

**Entity List**

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_POS\_FY\_DDCT\_AMT

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_POS\_FY\_DDCT\_AMT

Prime Catastrophic Cap and Deductible Input File – PCCDI\_POS\_DED\_CUM\_AMT

**Point of Service Fiscal Year Deductible Source System Identifier**

**Definition:** The identifier of the source system of the POS deductible.

**Display Length:** 7

**Valid Values**

0000000 – 9999999

**Entity List**

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_POS\_FY\_SRC\_SYS\_ID

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_POS\_FY\_SRC\_SYS\_ID

Prime Catastrophic Cap and Deductible Input File – PCCDI\_POS\_SRC\_SYS\_ID

**Primary Code Manager Code**

**Definition:** The code that indicates organizational affiliation of a Primary Care Manager.

**Display Length:** 2

**Valid Values:** 00 = CHCS

01 = Civilian Network

Blank = USTF

**Entity List**

DEERS Old Eligibility File – PCM\_CODE

DEERS Old Eligibility Alt-Care History File – ALT\_CARE\_HISTORY\_PCM\_CODE

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_PCM\_CODE

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_PCM\_CODE

**Health Care Delivery Program Data Conversion Specifications**  
**Version: 03**

**Primary Care Manager Identifier**

**Definition:** The identifier that uniquely represents a Primary Care Manager.

**Display Length:** 13

**Valid Values**

0000000000000 – 9999999999999

**Entity List**

Primary Care Manager Selection Load File – PCM\_ID

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_PCM\_ID

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_PCM\_ID

**Primary Care Manager Identifier Type Code**

**Definition:** The code that specifies what type of identifier is being used to uniquely identify a Primary Care Manager.

**Display Length:** 1

**Valid Values**

S Social Security Number (SSN)

T Tax Identifier

**Entity List**

Primary Care Manager Selection Load File – PCM\_ID\_TYPE\_CD

**Primary Care Manager Network Provider Type Code**

**Definition:** The code identifying the type of network provider for the Primary Care Manager

**Display Length:** 1

**Valid Values**

C Civilian network

D Direct Care network

N None

U Uniformed Services Family Health Plan (USFHP)

**Entity List**

Primary Care Manager Selection Load File – PCM\_PROV\_TYP\_CD

**Primary Care Manager Selection Begin Calendar Date**

**Definition:** The date when a beneficiary begins with a Primary Care Manager.

**Display Length:** 8

**Valid Values**

YYYYMMDD    Date

**Entity List**

Primary Care Manager Selection Load File – PCM\_SLCT\_BGN\_DT

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_PCM\_BEGIN\_DT

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_PCM\_BEGIN\_DT

**Primary Care Manager Selection Projected End Calendar Date**

**Definition:** The date when the beneficiary's association with the Primary Care Manager is expected to end.

**Display Length:** 8

**Valid Values**

YYYYMMDD    Date

**Entity List**

Primary Care Manager Selection Load File – PCM\_SLCT\_PE\_DT

**Primary Care Manager Selection Projected End Date Certainty Code**

**Definition:** The code that represents the certainty of the value for the Primary Care Manager Projected End Date.

**Display Length:** 1

**Valid Values**

Q	The date is certain (automatic termination on this date).
R	The date is estimated.
U	No date is predictable.
W	No date is applicable.

**Entity List**

Primary Care Manager Selection Load File – PCM\_SLCT\_PEDC\_CD

**Primary Care Manager Selection Segment Identifier**

**Definition:** The generated unique number that identifies rows in the Primary Care Manager Table.

**Display Length:** 3

**Valid Values**

001 – 999

**Entity List**

Primary Care Manager Selection Load File – PCM\_SLCT\_SEG\_ID

**Health Care Delivery Program Data Conversion Specifications**  
**Version: 03**

**Primary Care Manager Selection Termination Calendar Date**

**Definition:** The date when the beneficiary's association with the Primary Care Manager is terminated.

**Display Length:** 8

**Valid Values**

YYYYMMDD                      Date

**Entity List**

Primary Care Manager Selection Load File – PCM\_SLCT\_TERM\_DT

**Primary Care Manager Selection Termination Reason Code**

**Definition:** The reason a Primary Care Manager/Beneficiary association is terminated.

**Display Length:** 1

**Valid Values**

F	Invalid entry
M	Relocation
N	Dissatisfied with Primary Care Manager
Q	The end date is certain (automatically terminated on this date).
R	The end date is estimated.
T	Termination of Health Care Delivery Program
U	No end date can be predicted.
V	Voluntary disenrollment in enrolled organization
W	No end date is applicable

Note: This list would have to be agreed upon by CHCS, Managed Care Support Contractors, and HA.

**Entity List**

Primary Care Manager Selection Load File – PCM\_SLCT\_TRSN\_CD

**Prime Family Enrollment Anniversary Calendar Date**

**Definition:** The anniversary date for annual enrollment of a family within Prime within this Health Care Delivery Program.

**Display Length:** 8

**Valid Values**

YYYYMMDD     Date

**Entity List**

Family Policy Enrollment Year File – HCDP\_ENRL\_ANVRY\_DT

**Family Policy Enrollment Year Enrollment Fee Payment Plan Type Code**

**Definition:** The plan under which the Health Care Delivery Program fee is paid.

**Display Length:** 1

**Valid Values**

M	Monthly (through automatic payroll deduction)
Q	Quarterly
A	Annually

**Entity List**

Managed Care Support Contractor Family Input File – MCSC\_I\_FEE\_PMT\_PLN\_TYP\_CD  
Managed Care Support Contractor Family Output File – MCSC\_O\_FEE\_PMT\_PLN\_TYP\_CD  
Family Policy Enrollment Year Load File – FAM\_ENR\_YR\_FEE\_PMT\_PLN\_TYP\_CD  
Health Care Delivery Program Fee Payment Load File – HCDP\_FEE\_PMT\_PLN\_TYP\_CD

**Run Identifier**

**Definition:** The identifier that represents a run.

**Display Length:** 8

**Valid Values**

1 – 99,999,999

**Entity List**

Health Care Delivery Program Load File – RUN\_ID  
Health Care Delivery Program Enrollment Load File – RUN\_ID  
Primary Care Manager Selection Load File – RUN\_ID  
Family Policy Enrollment Year – RUN\_ID  
Health Care Delivery Program Fee Payment Load File – RUN\_ID

**Health Care Delivery Program Data Conversion Specifications**  
**Version: 03**

**Sponsor Date of Birth**

**Definition:** The date when a sponsor was born

**Display Length:** 8

**Valid Values:** YYYYMMDD – Date

**Entity List**

Master Key File – SPONSOR\_DOB

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_SPON\_DOB

Managed Care Support Contractor Family Input File – MCSC\_I\_SPON\_DOB

Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_SPON\_DOB

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_SPON\_DOB

Managed Care Support Contractor Family Output File – MCSC\_O\_SPON\_DOB

Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_SPON\_DOB

**Sponsor Last Name**

**Definition:** 1<sup>st</sup> 3 letters of Sponsor's Last Name

**Display Length:** 3

**Valid Values:** A – Z, hyphen, apostrophe, period

**Entity List**

Master Key File – SPONSOR\_LAST\_NAME

Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_SPON\_LAST\_NAME

Managed Care Support Contractor Family Input File – MCSC\_I\_SPON\_LAST\_NAME

Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_SPON\_LAST\_NAME

Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_SPON\_LAST\_NAME

Managed Care Support Contractor Family Output File – MCSC\_O\_SPON\_LAST\_NAME

Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_SPON\_LAST\_NAME



### **Sponsor Social Security Number**

**Definition:** Sponsor's social security number (SSN)

**Display Length:** 9

**Valid Values:** 000000000 – 999989999

#### **Entity List**

DEERS Old Eligibility File – SPONSOR\_SSN  
Master Key File – SPONSOR\_SSN  
Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_SPON\_SSN  
Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_SPON\_SSN  
Managed Care Support Contractor Family Output File – MCSC\_O\_SPON\_SSN  
Managed Care Support Contractor Family Input File – MCSC\_I\_SPON\_SSN  
Managed Care Support Contractor Fee Payment Input File – MCSC\_I\_SPON\_SSN  
Managed Care Support Contractor Fee Payment Output File – MCSC\_O\_SPON\_SSN  
DEERS Old Eligibility Alt-Care History File – ALT\_CARE\_HISTORY\_HISTORY\_SSN

### **Sponsor Status**

**Definition:** Code indicating the sponsor's status.

**Display Length:** 1

**Valid Values:** A = Active Duty  
B = Returned to Active Duty  
C = Civilian  
D = Former Member  
H = Medal of honor  
I = Permanently disabled  
J = Academy student/Navy OCS  
K = Deceased  
N = National Guard  
O = Temporarily disabled  
P = Tamp  
Q = Prisoner/Appellate Leave  
R = Retired  
T = Foreign military  
V = Reserve  
W = Title 3 retiree  
X = Other  
Z = Unknown

#### **Entity List**

DEERS Old Eligibility File – SPON\_STAT  
Managed Care Support Contractor Individual Enrollment Input File – MCSC\_I\_SPON\_STATUS  
Managed Care Support Contractor Individual Enrollment Output File – MCSC\_O\_SPON\_STATUS

## 9.7. Timelines of Example Conversion Scenarios

### 9.7.1. Timeline Key

#### Segment End Date Types



Normal End Date



Projected End Date



Indefinite End Date

#### Segment Labels

HCDP Plan Coverage Code (Person Role Code)

For HCDP Segments

Alt-Care Flag (DMIS ID, PCM Code, Sponsor Status)

For DEERS Old Eligibility Segments

PCM Enrolling Division DMIS ID(HCDP Region ID, PCM Network Provider Type Code, PCM

For PCM Selection Segments

Sponsor Status (DMIS ID, PCM ID, PCM Begin Date, PCM Cd, Fee Flag, Individual / Family F

For MCSC Segments\*

#### Segment Colors

Assigned HCDP Segmen



Enrolled HCDP Segment



DEERS Old Eligibility Segment



MCSC Enrollment Segment



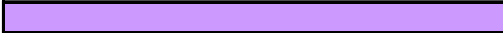
Prime Family Enrollment Year Segment



HCDP Enrollment Segment



PCM Selection Segment



\*Blank MCSC segments represent the family enrollment dates provided by the contractor.  
Within one region, they should be equal for each family member.

### 9.7.2. HCDP Plan Coverage Codes

CDP Plan Coverage Code	Program Name
001	Direct Care for Active Duty Sponsors
002	Direct Care for Active Duty Family Members
003	TRICARE Standard for Active Duty Family Members
004	Direct Care for Survivors of Active Duty Deceased Sponsors
005	TRICARE Standard for Survivors of Active Duty Deceased Sponsors
006	Direct Care for Transitional Assistance Family Members
007	TRICARE Standard for Transitional Assistance Sponsors and Family members
008	Direct Care for Retired Sponsors and Family Members
009	TRICARE Standard for Retired Sponsors and Family Members
010	TRICARE Senior Standard (non-election Prime)
011	Direct Care for CONUS DoD Affiliates
012	TRICARE Standard for CONUS DoD Affiliates
013	Direct Care for OCONUS DoD Affiliates
014	TRICARE Prime Individual Coverage for Active Duty Sponsors
015	TRICARE Prime Individual Coverage for Active Duty Family Members
016	TRICARE Prime Family Coverage for Active Duty Family Members
017	TRICARE Prime (USFHP) Individual Coverage for Active Duty Family Members
018	TRICARE Prime (USFHP) Family Coverage for Active Duty Family Members
019	TRICARE Prime for Survivors of Active Duty Deceased Sponsors
020	TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members
021	TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members
022	TRICARE Prime (USFHP) Individual Coverage for Transitional Assistance Sponsors and Family Members
023	TRICARE Prime (USFHP) Family Coverage for Transitional Assistance Sponsors and Family Members
024	TRICARE Prime Individual Coverage for Retired Sponsors and Family Members
025	TRICARE Prime Family Coverage for Retired Sponsors and Family Members
026	TRICARE Prime (USFHP) Individual Coverage for Retired Sponsors and Family Members
027	TRICARE Prime (USFHP) Family Coverage for Retired Sponsors and Family Members
028	TRICARE Senior Prime Individual Coverage for Retired Sponsors and Family Members
029	Continued Health Care Benefit Program Individual Coverage
030	Continued Health Care Benefit Program Family Coverage

### 9.7.3. Retired Sponsor and Spouse are Enrolled in TRICARE Prime E

		1997												1998												1999												2000											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Assigned HCDP	00	009 (Both)																																															
	01	009 (Insured)																																															
DEERS Old Eligibility	00													E (1248, 01, R)																																			
	01													E (1248, 01, R)																																			
MCSC Region 4	F																																																
	00													R(1248,12,2/98,1,Y,F)																																			
	01													R(1248,12,2/98,1,Y,F)																																			
Converted HCDP	00	009 (Both)												025 (Both)																																			
	01	009 (Insured)												025 (Insured)																																			
Prm Fam Enroll Year	00																																																
HCDP Enrollment	00																																																
	01																																																
PCM Selection	00													1248 (4, C, 12)																																			
	01													1248 (4, C, 12)																																			

#### 9.7.4. Dependent of Retired Sponsor is Enrolled in USTF

		1997												1998												1999												2000												
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	
Assigned HCDP	00	009 (Both)																																																
	01	009 (Insured)																																																
	02	009 (Insured)																																																
DEERS Old Eligibility	02																									U (7328. , R)																								
MCSC																																																		
Converted HCDP	00	009 (Both)																																																
	00													026 (Subscriber)																																				
	01	009 (Insured)																																																
	02	009 (Insured)												026 (Insured)																																				
Prm Fam Enroll Year																																																		
HCDP Enrollment																																																		
PCM Selection	02													7328 (10. F. )																																				

**9.7.5. Sponsor Goes From Active Duty to Reserve Back to Active Duty and Never Disenrolls or Re-enrolls in Prime (Conversion Taking Place 5/25/99)**

		1997					1998					1999					2000																						
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		
Assigned HCDP	00	001 (Both)												001 (Both)												001 (Both)													
	00	003 (Subscriber)												003 (Subscriber)													003 (Subscriber)												
	01	003 (Insured)												003 (Insured)													003 (Insured)												
DEERS Old Eligibility	00	A (1248, 00, A)																																					
	01	E (1248, 00, A)																																					
MCSC																																							
Converted HCDP	00	014 (Both)												001 (Both, A)												001 (Both, A)													
	00	015 (Subscriber)												003 (Subscriber)													003 (Subscriber)												
	01	015 (Insured)												003 (Insured)													003 (Insured)												
Prm Fam Enroll Year																																							
HCDP Enrollment																																							
PCM Selection	00	1248 (4 , D , )																																					
	01	1248 (4 , D , )																																					

### 9.7.6. Dependent Looses Eligibility Before the End of the Enrollment Year

		1997	1998	1999	2000
		J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D
Assigned HCDP	00	009 (Both)			
	01	009 (Insured)			
	02	009 (Insured)			
DEERS Old Eligibility	00	E (1248, 01, R)			
	01	E (1248, 01, R)			
	02	E (1248, 01, R)			
MCSC Region 4	F				
	00				
	01				
	02				
Converted HCDP	00	025 (Both)			
	01	025 (Subscriber)			
	02	025 (Subscriber)			
Prm Fam Enroll Year	00				
HCDP Enrollment	00				
	01				
	02				
PCM Selection	00	1248 (4, C, 12)			
	01	1248 (4, C, 12)			
	02	1248 (4, C, 12)			

### 9.7.7. Future Retirement (Conversion Taking Place 5/25/99)


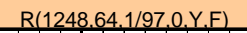
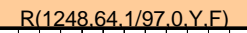

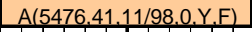
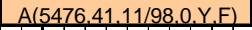
		1997	1998	1999	2000
		J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D
Assigned HCDP	00	001 (Both)			009 (Both)
	00	003 (Subscriber)			
	01	003 (Insured)			009 (Insured)
DEERS Old Eligibility	00	A (1248, 00, A)			
	01	E (1248, 00, R)			
MCSC Region 4	F				
	01			A(1248,64,1/97,0,N,I)	
Converted HCDP	00	014 (Both)			009 (Both)
	00	015 (Subscriber)			
	01	015 (Insured)			009 (Insured)
Prm Fam Enroll Year	00				
HCDP Enrollment	00				
	01				
PCM Selection	00	1248 (4, D, )			
	01	1248 (4, D, 64)			



### 9.7.8. Past Retirement (Conversion Taking Place 5/25/99)

		1997												1998												1999												2000											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Assigned HCDP	00	001 (Both)												009 (Both)																																			
	00	003 (Subscriber)																																															
	01	003 (Insured)												009 (Insured)																																			
DEERS Old Eligibility	00	A (1248, 00, A)																																															
	01	E (1248, 00, A)																																															
MCSC Region 4	F																																																
	01																									A(1248,64,1/97,0,N,I)																							
Converted HCDP	00	014 (Both)												009 (Both)																																			
	00	015 (Subscriber)																																															
	01	015 (Insured)												009 (Insured)																																			
Prm Fam Enroll Year	00																																																
HCDP Enrollment	00																																																
	01																																																
PCM Selection	00	1248 (4, D, )																																															
	01	1248 (4, D, )																																															

### 9.7.9. Two Contractors Have Conflicting Anniversary Dates

		1997												1998												1999												2000											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Assigned HCDP	00	009 (Both)																																															
	01	009 (Insured)																																															
DEERS Old Eligibility	00	E (1248.00. R)																								E (5476.00. R)																							
	01	E (1248.00. R)																								E (5476.00. R)																							
MCSC Region 4	F																																																
	00																																																
	01																																																
MCSC Region 9	F																																																
	00																																																
	01																																																
Converted HCDP	00	009 (Both)																																															
	01	009 (Insured)																																															
Prm Fam Enroll Year	00																																																
HCDP Enrollment	00																																																
	01																																																
PCM Selection	00																																																
	01																																																

### 9.7.10. Family Members' Enrollments Are Split Between Two Regions

		1997	1998	1999	2000
		J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D
Assigned HCDP	00	009 (Both)			
	01	009 (Insured)			
	02	009 (Insured)			
DEERS Old Eligibility	00	E (1248, 01, R)			
	01	E (1248, 01, R)			
	02				
MCSC Region 4	F				
	00				
	01				
MCSC Region 9	F				
	00				
	02				
Converted HCDP	00	025 (Both)			
	00	009 (Subscriber)			
	01	025 (Insured)			
	02	009 (Insured)			
Prm Fam Enroll Year	00				
HCDP Enrollment	00				
	01				
	02				
PCM Selection	00	1248 (4, C, 12)			
	01	1248 (4, C, 12)			
	02				

### 9.7.11. Split Enrollment Where Two Individual Plans Merge into One Family Plan

		1997												1998												1999												2000											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Assigned HCDP	00	009 (Both)																																															
	01	009 (Insured)																																															
DEERS Old Eligibility	00	E (1248. 00. R)																																															
	01													E (5476. 00. R)																																			
MCSC Region 4	F																									R(1248.64.1/97.0.Y.I)																							
	00																									R(1248.64.1/97.0.Y.I)																							
MCSC Region 9	F																									R(5476.41.4/98.0.Y.I)																							
	01																									R(5476.41.4/98.0.Y.I)																							
Converted HCDP	00	025 (Both)																																															
	00	009(Subscriber)																																															
	01	009 (Insured)												025 (Insured)																																			
Prm Fam Enroll Year	00																									R(1248.64.1/97.0.Y.I)																							
HCDP Enrollment	00																									R(5476.41.4/98.0.Y.I)																							
	01																									R(5476.41.4/98.0.Y.I)																							
PCM Selection	00	1248(4.D.64)																																															
	01													5476(9.D.41)																																			

**9.7.12. Split Enrollment with One Member Having a Future Enrollment  
(Conversion Taking Place 5/25/99)**

		1997	1998	1999	2000																																
		J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D																																
Assigned HCDP	00	001 (Both)																																			
	00	003 (Subscriber)																																			
	01	003 (Insured)																																			
	02	003 (Insured)																																			
DEERS Old Eligibility	00	A (1248. 00. A)																																			
	01	E (1248. 00. A)																																			
	02													E (5476. 00. A)																							
MCSC Region 4	F																																				
	01													A(1248.64.1/97.0.N,I)																							
MCSC Region 9	F																																				
	02													A(5476.41.7/99.0.N,I)																							
Converted HCDP	00	014 (Both)																																			
	00	003 (Subscriber)																																			
	00	015 (Subscriber)																																			
	01	015 (Insured)																																			
	02	003 (Insured)												015 (Insured)																							
Prm Fam Enroll Year	00																																				
HCDP Enrollment	00																																				
	01																																				
	02																																				
PCM Selection	00	1248 (4. D. 64)																																			
	01	1248 (4. D. 64)																																			
	02													5476 (9. D. 41)																							

### 9.7.13. MCSC Shows an Enrollment Begin Date Before the DEERS Old Eligibility Begin Date

		1997												1998												1999												2000											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Assigned HCDP	00	009 (Both)																																															
	01	009 (Insured)																																															
DEERS Old Eligibility	00																									E (1248, 00, R)																							
	01																									E (1248, 00, R)																							
MCSC Region 4	F																																																
	00																									R(1248.64,7/98,0,Y,F)																							
	01																									R(1248.64,7/98,0,Y,F)																							
Converted HCDP	00	009 (Both)																								025 (Both)																							
	01	009 (Insured)																								025 (Insured)																							
Prm Fam Enroll Year	00																																																
HCDP Enrollment	00																																																
	01																																																
PCM Selection	00																									1248 (4,D,64)																							
	01																									1248 (4,D,64)																							

#### 9.7.14. MCSC and DEERS Old Eligibility Have Conflicting DMIS Identifiers: MCSC Begin Date Before DEERS 1.6 Begin Date

		1997												1998												1999												2000											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D												
Assigned HCDP	00	009 (Both)																																															
	01	009 (Insured)																																															
DEERS Old Eligibility	00													E (1248, 00, R)																																			
	01													E (1248, 00, R)																																			
MCSC Region 9	F													R(5476,41,7/98,0,Y,F)																																			
	00													R(5476,41,7/98,0,Y,F)																																			
	01													R(5476,41,7/98,0,Y,F)																																			
Converted HCDP	00	009 (Both)																		025 (Both)																													
	01	009 (Insured)																		025 (Insured)																													
Prm Fam Enroll Year	00													1248 (4, D, )																																			
HCDP Enrollment	00													1248 (4, D, )																																			
	01													1248 (4, D, )																																			
PCM Selection	00													1248 (4, D, )																																			
	01													1248 (4, D, )																																			

**9.7.15. Sponsor and Spouse Change Regions and the Current MCSC Record Does Not Reflect This**

		1997					1998					1999					2000																				
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Assigned HCDP	00	009 (Both)																																			
	01	009 (Insured)																																			
DEERS Old Eligibility	00	E (1248. 00. R)												E (5476. 00. R)																							
	01	E (1248. 00. R)												E (5476. 00. R)																							
MCSC Region 4	F																																				
	00													R(1248.64.1/97.0.Y.F)																							
	01													R(1248.64.1/97.0.Y.F)																							
Converted HCDP	00	025 (Both)																																			
	01	025 (Insured)																																			
Prm Fam Enroll Year	00																																				
HCDP Enrollment	00																																				
	01																																				
PCM Selection	00	1248 (4. D. )												5476 (9. D. )																							
	01	1248 (4. D. )												5476 (9. D. )																							



**9.7.16. Sponsor and Spouse Change the DMIS They Are Enrolled In, But Stay In the Same Region**

		1997												1998												1999												2000											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Assigned HCDP	00	009 (Both)																																															
	01	009 (Insured)																																															
DEERS Old Eligibility	00	E (1248.00. R)																								E (5476.00. R)																							
	01	E (1248.00. R)																								E (5476.00. R)																							
MCSC Region 9	F																																																
	00																																																
	01																																																
Converted HCDP	00	025 (Both)																																															
	01	025 (Insured)																																															
Prm Fam Enroll Year	00																																																
HCDP Enrollment	00																																																
	01																																																
PCM Selection	00	1248 (4. D. )																								5476 (9. D. 41)																							
	01	1248 (4. D. )																								5476 (9. D. 41)																							

### 9.7.17. MCSC Enrollment With No DEERS Old Eligibility Enrollment

		1997												1998												1999												2000											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Assigned HCDP	00	001 (Both)																																				009 (Both)											
	00	003 (Subscriber)																																															
	01	003 (Insured)																																				009 (Insured)											
DEERS Old Eligibility	00																																																
	01																																																
MCSC Region 4	F																																																
	00																																																
	01													A(1248,64,7/98,0,N,I)																																			
Converted HCDP	00	001 (Both)																																				009 (Both)											
	00	003 (Subscriber)																																															
	01	003 (Insured)																																				009 (Insured)											
Prm Fam Enroll Year																																																	
HCDP Enrollment																																																	
PCM Selection																																																	

**9.7.18. MCSC and DEERS Old Eligibility Have Conflicting DMIS Identifiers:  
MCSC Begin Date After DEERS 1.6 Begin Date**

		1997	1998	1999	2000																				
		J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D	J F M A M J J A S O N D																				
Assigned HCDP	00	009 (Both)																							
	01	009 (Insured)																							
DEERS Old Eligibility	00	E (1248, 00, R)																							
	01	E (1248, 00, R)																							
MCSC Region 9	F																								
	00	R(5476,41,11/98,0,Y,F)																							
	01	R(5476,41,11/98,0,Y,F)																							
Converted HCDP	00	025 (Both)																							
	00	025 (Insured)																							
Prm Fam Enroll Year	00																								
HCDP Enrollment	00																								
	01																								
PCM Selection	00	1248 (4, C, )																							
	01	1248 (4, C, )																							

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## 9.8. Program Logic

### 9.8.1. Validate DEERS Input File / Create Current DEERS Intermediate File 1 (DRSCURR1)

#### Variables:

deers\_input\_rec  
deers\_int1\_rec  
dmis\_regions  
error\_code  
dmis\_file  
deers\_input\_file  
deers\_int1\_file  
deers\_error\_file  
brac\_output\_file

#### Initialize:

Open deers\_input\_file  
If not successful  
    print\_message ("Could not open DEERS Input file.")  
    exit program  
End If

Open dmis\_file  
If not successful  
    print\_message ("Could not open DMIS file.")  
    exit program  
End If

**LOAD\_REGIONS** (dmis\_regions, dmis\_file)  
If not successful  
    print\_message ("Could not load DMIS regions.")  
End If

#### Mainline:

Do While **LOAD\_DEERS\_RECORD** (deers\_input\_rec, deers\_input\_file) is NOT EQUAL to end\_of\_file

**VALIDATE\_DEERS\_RECORD** (deers\_input\_rec)  
    Set return value to error\_code  
    If no errors found then

## Health Care Delivery Program Data Conversion Specifications

Version: 03

```
GET_REGION_CODE (dmis_regions, deers_input_rec.dmis_id, deers_int1_rec.region_cd)
Set return value to error_code
If no errors found then
    GET_DEERS_ID (deers_input_rec.ssn, deers_input_rec.fsn, deers_input_rec.dds,
                  deers_int1_rec.fam_id, deers_int1_rec.ben_id)

    Set return value to error_code
    If error_code = errPersonNotFound
        // could not match beneficiary on master key file, so error off the record
        WRITE_DEERS_ERROR_RECORD (deers_input_rec, deers_error_file, error_code)
    Else
        // found beneficiary in the master key file, so copy the data to the DEERS Int1 file
        deers_int1_rec.alt_care_flag = deers_input_rec.alt_care_flag
        deers_int1_rec.alt_care_start_date = deers_input_rec.alt_care_start_date
        deers_int1_rec.alt_care_end_date = deers_input_rec.alt_care_end_date
        deers_int1_rec.dmis_cd = deers_input_rec.dmis_cd
        deers_int1_rec.pcm_cd = deers_input_rec.pcm_cd

        If deers_input_rec.brac_flag = 'Y'
            WRITE_DEERS_RECORD (deers_int1_rec, brac_output_file)
        End If

        If deers_int1_rec.alt_care_flag is NOT blank
            WRITE_DEERS_RECORD (deers_int1_rec, deers_int1_file)
        End If
    End If
Else
    // the DMIS identifier is invalid, and the region code could not be found, so error off the record
    WRITE_DEERS_ERROR_RECORD (deers_input_rec, deers_error_file, error_code)
End If
Else
    // one of the fields in the input file was invalid, so error off the record
    WRITE_DEERS_ERROR_RECORD (deers_input_rec, deers_error_file, error_code)
End If
End While
```

### Finalization:

Close All Files

## 9.8.2. Validate Alt-Care History Input File / Create DEERS Alt-Care History

### Intermediate File (DRSHIST)

#### Variables:

alt\_care\_input\_rec  
alt\_care\_int\_rec  
dmis\_regions  
error\_code  
dmis\_file  
alt\_care\_input\_file  
alt\_care\_error\_file  
alt\_care\_int\_file

#### Initialize:

Open alt\_care\_input\_file  
If not successful  
    print\_message ("Could not open Alt-Care History file.")  
    exit program  
End If

Open dmis\_file  
If not successful  
    print\_message ("Could not open DMIS file.")  
    exit program  
End If

**LOAD\_REGIONS** (dmis\_regions, dmis\_file)  
If not successful  
    print\_message ("Could not load DMIS regions.")  
End If

#### Mainline:

Do While **LOAD\_ALT\_CARE\_RECORD** (alt\_care\_input\_rec, alt\_care\_input\_file) is NOT EQUAL to end\_of\_file  
    **VALIDATE\_ALT\_CARE\_RECORD** (alt\_care\_input\_rec)  
    Set return value to error\_code  
    If no errors found  
        **GET\_REGION\_CODE** (dmis\_regions, alt\_care\_input\_rec.dmis\_id, alt\_care\_int\_rec.region\_cd)

## Health Care Delivery Program Data Conversion Specifications

Version: 03

```
Set return value to error_code
If no errors found then
    GET_DEERS_ID (alt_care_input_rec.ssn, alt_care_input_rec.fsn, alt_care_input_rec.dds,
                  alt_care_int_rec.fam_id, alt_care_int_rec.ben_id)

    Set return value to error_code
    If error_code = errPersonNotFound
        // could not match person on master key file, so error off the record
        WRITE_ALT_CARE_ERROR_RECORD (alt_care_input_rec, alt_care_error_file, error_code)
    Else
        // found beneficiary in the master key file, so copy the data to the Alt-Care file
        alt_care_int_rec.alt_care_flag = alt_care_input_rec.alt_care_flag
        alt_care_int_rec.alt_care_start_date = alt_care_input_rec.alt_care_start_date
        alt_care_int_rec.alt_care_end_date = alt_care_input_rec.alt_care_end_date
        alt_care_int_rec.dmis_cd = alt_care_input_rec.dmis_cd
        alt_care_int_rec.pcm_cd = alt_care_input_rec.pcm_cd
        WRITE_ALT_CARE_RECORD (alt_care_int_rec, alt_care_int_file)
    End If
Else
    // the DMIS identifier is invalid, and the region code could not be found, so error off the record
    WRITE_ALT_CARE_ERROR_RECORD (alt_care_input_rec, alt_care_error_file, error_code)
End If
Else
    // one of the fields in the input file was invalid, so error off the record
    WRITE_ALT_CARE_ERROR_RECORD (alt_care_input_rec, alt_care_error_file, error_code)
End If
End While
```

### Finalization:

Close All Files



### 9.8.3. Validate MCSC Individual Enrollment Input Files / Create the First MCSC

#### Individual Enrollment Intermediate Files (MCSCI\_I01-16)

This module will be run for each region.

##### Variables:

```

mcsc_ie_input_rec           // MCSC individual enrollment input record structure
mcsc_ie_output_rec         // MCSC individual enrollment output record structure (output record and intermediate record
                             // have the same layout)
dmis_regions               // sstructure to hold all valid DMIS identifiers and their associated region codes
error_code                 // variable to store error codes for any error conditions encountered
dmis_file                  // DMIS Input File
mcsc_ie_input_file         // MCSC Individual Enrollment Input File
mcsc_ie_intl_file          // MCSC Individual Enrollment Intermediate File 1
mcsc_ie_output_file        // MCSC Individual Enrollment Output File (file sent back to the MCSCs when the conversion
                             // process is complete)

```

##### Initialize:

```

Open mcsc_ie_input_file
If not successful
    print_message ("Could not open MCSC Individual Enrollment Input file.")
    exit program
End If

```

```

Open dmis_file
If not successful
    print_message ("Could not open DMIS file.")
    exit program
End If

```

```

LOAD_REGIONS (dmis_regions, dmis_file)
If not successful
    print_message ("Could not load DMIS regions.")
End If

```

##### Mainline:

```

While LOAD_MCSC_IE_RECORD (mcsc_ie_input_rec, mcsc_ie_input_file) NOT end_of_file
    VALIDATE_MCSC_IE_RECORD (mcsc_ie_input_rec)

```

## Health Care Delivery Program Data Conversion Specifications

Version: 03

```
Set return value to error_code
If no errors found
    GET_REGION_CODE (dmis_regions, mcsc_ie_input_rec.dmis_id, mcsc_ie_output_rec.region_cd)
    Set return value to error_code
    If no errors found then
        // try to match the beneficiary with the sponsor's last name
        GET_DEERS_ID (mcsc_ie_input_rec.ssn, mcsc_ie_input_rec.spn_last_name, mcsc_ie_input_rec.dds,
                     mcsc_ie_output_rec.fam_id, mcsc_ie_output_rec.ben_id)

        Set return value to error_code
        If error_code = errPersonNotFound
            // couldn't match with the sponsor's last name, so try matching with the sponsor's date of birth
            GET_DEERS_ID (mcsc_ie_input_rec.ssn, mcsc_ie_input_rec.spn_dob, mcsc_ie_input_rec.dds,
                         mcsc_ie_output_rec.fam_id, mcsc_ie_output_rec.ben_id)

            Set return value to error_code
            If error_code = errPersonNotFound
                // couldn't find beneficiary on the master key file, so write the record to the MCSC output file with
                // the appropriate error code
                COPY_MCSC_IE_DATA (mcsc_ie_output_rec, mcsc_ie_input_rec)
                SET_MCSC_IE_ERROR_CODE (mcsc_ie_output_rec, error_code)
                WRITE_MCSC_IE_RECORD (mcsc_ie_output_rec, mcsc_ie_output_file)
            Else
                // found beneficiary in the master key file, so write the record to the MCSC intermediate file 1
                COPY_MCSC_IE_DATA (mcsc_ie_output_rec, mcsc_ie_input_rec)
                WRITE_MCSC_IE_RECORD (mcsc_ie_output_rec, mcsc_ie_int1_file)
            End If
        Else
            // found beneficiary in the master key file, so write the record to the MCSC intermediate file 1
            COPY_MCSC_IE_DATA (mcsc_ie_output_rec, mcsc_ie_input_rec)
            WRITE_MCSC_IE_RECORD (mcsc_ie_output_rec, mcsc_ie_int1_file)
        End If
    Else
        // DMIS ID is invalid, and the region code could not be found, so write the record to the MCSC output file
        // with the appropriate error code
        COPY_MCSC_IE_DATA (mcsc_ie_output_rec, mcsc_ie_input_rec)
        SET_MCSC_IE_ERROR_CODE (mcsc_ie_output_rec, error_code)
        WRITE_MCSC_IE_RECORD (mcsc_ie_output_rec, mcsc_ie_output_file)
    End If
Else
    // one of the fields in the input file was invalid, so write the record to the MCSC output file with the appropriate
    // error code
```

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```
    COPY_MCSC_FAM_DATA (mcsc_fam_output_rec, mcsc_fam_input_rec)
    SET_MCSC_FAM_ERROR_CODE (mcsc_fam_output_rec, error_code)
    WRITE_MCSC_FAM_RECORD (mcsc_fam_output_rec, mcsc_fam_output_file)
End If
End While
```

### Finalization:

```
    Close All Files
```

#### 9.8.4. Validate MCSC Family Input Files / Create the First MCSC Family Intermediate

##### Files (MCSCF\_I01-16)

This module will be run for each region.

##### Variables:

```
mcsc_fam_input_rec           // MCSC family input record structure
mcsc_fam_output_rec          // MCSC family output record structure (output record and intermediate record have the same
dmis_regions                 // suture to hold all valid DMIS identifiers and their associated region codes
error_code                   // variable to store error codes for any error conditions encountered
mcsc_fam_input_file          // MCSC Family Input File
mcsc_fam_int1_file           // MCSC Family Intermediate File 1
mcsc_fam_output_file         // MCSC Family Output File (file sent back to the MCSCs when the conversion process is cor
```

##### Initialize:

```
Open mcsc_fam_input_file
If not successful
    print_message ("Could not open MCSC Family Input file.")
    exit program
End If
```

##### Mainline:

```
While LOAD_MCSC_FAM_RECORD (mcsc_fam_input_rec, mcsc_fam_input_file) NOT end_of_file
    VALIDATE_MCSC_FAM_RECORD (mcsc_fam_input_rec)
    Set return value to error_code
    If no errors found
        // try to match the beneficiary with the sponsor's last name
        GET_DEERS_ID (mcsc_fam_input_rec.ssn, mcsc_fam_input_rec.spn_last_name, mcsc_fam_input_rec.dds,
                      mcsc_fam_output_rec.fam_id, mcsc_fam_output_rec.ben_id)

        Set return value to error_code
        If error_code = errPersonNotFound
            // couldn't match with the sponsor's last name, so try matching with the sponsor's date of birth
            GET_DEERS_ID (mcsc_fam_input_rec.ssn, mcsc_fam_input_rec.spn_dob, mcsc_fam_input_rec.dds,
                          mcsc_fam_output_rec.fam_id, mcsc_fam_output_rec.ben_id)

            Set return value to error_code
            If error_code = errPersonNotFound
                // couldn't find beneficiary on the master key file, so write the record to the MCSC output file with the
                // appropriate error code
```

## Health Care Delivery Program D

```
        COPY_MCSC_FAM_DATA (mcsc_fam_output_rec, mcsc_fam_input_rec)
        SET_MCSC_FAM_ERROR_CODE (mcsc_fam_output_rec, error_code)
        WRITE_MCSC_FAM_RECORD (mcsc_fam_output_rec, mcsc_fam_output_file)
    Else
        // found beneficiary in the master key file, so write the record to the MCSC intermediate file 1
        COPY_MCSC_FAM_DATA (mcsc_fam_output_rec, mcsc_fam_input_rec)
        WRITE_MCSC_FAM_RECORD (mcsc_fam_output_rec, mcsc_fam_intl_file)
    End If
Else
    // found beneficiary in the master key file, so write the record to the MCSC intermediate file 1
    COPY_MCSC_FAM_DATA (mcsc_fam_output_rec, mcsc_fam_input_rec)
    WRITE_MCSC_FAM_RECORD (mcsc_fam_output_rec, mcsc_fam_intl_file)
End If
Else
    // one of the fields in the input file was invalid, so write the record to the MCSC output file with the appropriate error
    COPY_MCSC_FAM_DATA (mcsc_fam_output_rec, mcsc_fam_input_rec)
    SET_MCSC_FAM_ERROR_CODE (mcsc_fam_output_rec, error_code)
    WRITE_MCSC_FAM_RECORD (mcsc_fam_output_rec, mcsc_fam_output_file)
End If
End While
```

### Finalization:

Close All Files

## 9.8.5. Validate MCSC Fee Payment Input Files / Create the First MCSC Fee Payment

### Intermediate Files (MCSCP\_I01-16)

This module will be run for each region.

#### Variables:

```
mcsc_fp_input_rec           // MCSC fee payment input record structure
mcsc_fp_output_rec         // MCSC fee payment output record structure (output record and intermediate record have the
                             // same layout)
dmis_regions               // suture to hold all valid DMIS identifiers and their associated region codes
error_code                 // variable to store error codes for any error conditions encountered
mcsc_fp_input_file         // MCSC Fee Payment Input File
mcsc_fp_intl_file         // MCSC Fee Payment Intermediate File 1
mcsc_fp_output_file        // MCSC Fee Payment Output File (file sent back to the MCSCs when the conversion process
                             // is complete)
```

#### Initialize:

```
Open mcsc_fp_input_file
If not successful
    print_message ("Could not open MCSC Fee payment Input file.")
    exit program
End If
```

#### Mainline:

```
While LOAD_MCSC_FP_RECORD (mcsc_fp_input_rec, mcsc_fp_input_file) NOT end_of_file
    VALIDATE_MCSC_FP_RECORD (mcsc_fp_input_rec)
    Set return value to error_code
    If no errors found
        // try to match the beneficiary with the sponsor's last name
        GET_DEERS_ID (mcsc_fp_input_rec.ssn, mcsc_fp_input_rec.spn_last_name, mcsc_fp_input_rec.dds,
                      mcsc_fp_output_rec.fam_id, mcsc_fp_output_rec.ben_id)

        Set return value to error_code
        If error_code = errPersonNotFound
            // couldn't match with the sponsor's last name, so try matching with the sponsor's date of birth
            GET_DEERS_ID (mcsc_fp_input_rec.ssn, mcsc_fp_input_rec.spn_dob, mcsc_fp_input_rec.dds,
                          mcsc_fp_output_rec.fam_id, mcsc_fp_output_rec.ben_id)

            Set return value to error_code
            If error_code = errPersonNotFound
```

## Health Care Delivery Program D

```
// couldn't find beneficiary on the master key file, so write the record to the MCSC output file with the
// appropriate error code
COPY_MCSC_FP_DATA (mcsc_fp_output_rec, mcsc_fp_input_rec)
SET_MCSC_FP_ERROR_CODE (mcsc_fp_output_rec, error_code)
WRITE_MCSC_FP_RECORD (mcsc_fp_output_rec, mcsc_fp_output_file)
Else
    // found beneficiary in the master key file, so write the record to the MCSC intermediate file 1
    COPY_MCSC_FP_DATA (mcsc_fp_output_rec, mcsc_fp_input_rec)
    WRITE_MCSC_FP_RECORD (mcsc_fp_output_rec, mcsc_fp_int1_file)
End If
Else
    // found beneficiary in the master key file, so write the record to the MCSC intermediate file 1
    COPY_MCSC_FP_DATA (mcsc_fp_output_rec, mcsc_fp_input_rec)
    WRITE_MCSC_FP_RECORD (mcsc_fp_output_rec, mcsc_fp_int1_file)
End If
Else
    // one of the fields in the input file was invalid, so write the record to the MCSC output file with the appropriate error
    COPY_MCSC_FAM_DATA (mcsc_fam_output_rec, mcsc_fam_input_rec)
    SET_MCSC_FAM_ERROR_CODE (mcsc_fam_output_rec, error_code)
    WRITE_MCSC_FAM_RECORD (mcsc_fam_output_rec, mcsc_fam_output_file)
End If
End While
```

### Finalization:

Close All Files

#### 9.8.6. Compare the First MCSC Intermediate Files Against the Assigned HCDP File /

##### Create MCSC Intermediate File 2 (MCSCI\_INT2, MCSCF\_INT2, MCSCP\_INT2)

This module will be run for each region. Each region will write to the same set of intermediate files (i.e. MCSCI\_INT2, MCSCF\_INT2, MCSCP\_INT2).

**Variables:**

- family
- current\_ben
- temp\_hcdp\_rec
- min\_family\_begin\_date
- max\_family\_end\_date
- temp\_begin\_date
- temp\_end\_date
- no\_valid\_ben\_flag
- assigned\_hcdp\_file
- mcsc\_ie\_int1\_file
- mcsc\_ie\_int2\_file
- mcsc\_ie\_output\_file
- mcsc\_fam\_int1\_file
- mcsc\_fam\_int2\_file
- mcsc\_fam\_output\_file
- mcsc\_fp\_int1\_file
- mcsc\_fp\_int2\_file
- mcsc\_fp\_output\_file

**Initialize:**

- Open mcsc\_ie\_int1\_file
- If not successful
  - print\_message ("Could not open MCSC Individual Enrollment Intermediate File 1.")
  - exit program
- End If
  
- Open mcsc\_fam\_int1\_file
- If not successful
  - print\_message ("Could not open MCSC Family Intermediate File 1.")
  - exit program



## Health Care Delivery Program D

End If

Open mcsc\_fp\_int1\_file

If not successful

    print\_message ("Could not open MCSC Fee Payment Intermediate File 1.")

    exit program

End If

Open assigned\_hcdp\_file

If not successful

    print\_message ("Could not open Assigned HCDP file.")

    exit program

End If

### Mainline:

Set no\_valid\_ben\_flag = TRUE

**LOAD\_FAMILY\_MEMBERS** (family, mcsc\_ie\_int1\_file, mcsc\_fam\_int1\_file, mcsc\_fp\_int1\_file, assigned\_hcdp\_file)

Do While there are more families to process

    // loop through entire family

    For current\_ben = 1 To family.num\_beneficiaries

        temp\_begin\_date = **GET\_MCSC\_BEGIN\_DATE** (family, current\_ben)

        temp\_end\_date = **GET\_MCSC\_END\_DATE** (family, current\_ben)

        temp\_hcdp\_rec = **GET\_EFFECTIVE\_HCDP\_SEG** (family, current\_ben, temp\_begin\_date, temp\_end\_date)

        If temp\_hcdp\_rec is NULL

            // beneficiary is not eligible for the entire enrollment, so error off the record

**SET\_MCSC\_IE\_ERROR\_CODE** (family, current\_ben, errPersonNotElig)

**WRITE\_MCSC\_IE\_RECORD** (family, current\_ben, mcsc\_ie\_output\_file)

        Else

            // modify MCSC begin and end dates so that they fall within the eligibility specified by the assigned HCDP date

            If temp\_hcdp\_rec.begin\_date > temp\_begin\_date

**CHANGE\_MCSC\_IE\_BEGIN\_DATE** (family, current\_ben, temp\_hcdp\_rec.begin\_date)

                temp\_begin\_date = temp\_hcdp\_rec.begin\_date

            End If

            If temp\_hcdp\_rec.end\_date < temp\_end\_date

**CHANGE\_MCSC\_IE\_END\_DATE** (family, current\_ben, temp\_hcdp\_rec.end\_date)

                temp\_end\_date = temp\_hcdp\_rec.end\_date

            End If

## Health Care Delivery Program Data Conversion Specifications

Version: 03

```
        min_family_begin_date = MIN (min_family_begin_date, temp_begin_date)
        max_family_end_date = MAX (max_family_end_date, temp_end_date)
    End If
Next

// loop through entire family
For current_ben = 1 To family.num_beneficiaries
    If GET_MCSC_IE_ERROR_CODE (family, current_ben) = errOk
        // at least one valid beneficiary was found, so check if family info was already updated / written out
        If no_valid_ben_flag = TRUE
            // update no_valid_ben_flag; update family enrollment dates; write the family and fee payment records
            // to the second intermediate fiels
            no_valid_ben_flag = FALSE
            CHANGE_MCSC_FAM_BEGIN_DATE (family, current_ben, min_family_begin_date)
            CHANGE_MCSC_FAM_END_DATE (family, current_ben, max_family_end_date)
            WRITE_MCSC_FAM_RECORD (family, current_ben, mcsc_fam_int2_file)
            WRITE_MCSC_FP_RECORD (family, current_ben, mcsc_fp_int2_file)
        Else
            // family info already updated, so just write out the individual enrollment record to the second intermediate
            WRITE_MCSC_IE_RECORD (family, current_ben, mcsc_ie_int2_file)
        End If
    End If
Next

If no_valid_ben_flag = TRUE
    // no valid beneficiary records for this family, so write the family and fee payment records to the output files with
    // the appropriate error codes
    SET_MCSC_FAM_ERROR_CODE (family, errPersonNotElig)
    SET_MCSC_FP_ERROR_CODE (family, errPersonNotElig)
    WRITE_MCSC_FAM_RECORD (family, mcsc_fam_output_file)
    WRITE_MCSC_FP_RECORD (family, mcsc_fp_output_file)
End If

Set no_valid_ben_flag = TRUE

// load next family
LOAD_FAMILY_MEMBERS (family, mcsc_ie_int1_file, mcsc_fam_int1_file, mcsc_fp_int1_file, assigned_hcdp_file)

End While
```

## Health Care Delivery Program D

### Finalization:

Close All Files

### 9.8.7. Compare the Second MCSC Intermediate Files Across Regions / Create the Third

#### MCSC Intermediate Files (MCSCI\_INT3, MCSCF\_INT3, MCSCP\_INT3)

**Variables:**

- family
- current\_ben
- current\_rec
- num\_recs
- next\_begin\_date
- mcsc\_end\_date
- mcsc\_region
- assigned\_hcdp\_file
- mcsc\_ie\_int2\_file
- mcsc\_fam\_int2\_file
- mcsc\_fp\_int2\_file
- mcsc\_ie\_int3\_file
- mcsc\_fam\_int3\_file
- mcsc\_fp\_int3\_file
- mcsc\_ie\_output\_files[16]
- mcsc\_fam\_output\_files[16]
- mcsc\_fp\_output\_files[16]

**Initialize:**

- Open mcsc\_ie\_int2\_file
- If not successful
  - print\_message ("Could not open MCSC Individual Enrollment Intermediate File 2.")
  - exit program
- End If
  
- Open mcsc\_fam\_int2\_file
- If not successful
  - print\_message ("Could not open MCSC Family Intermediate File 2.")
  - exit program
- End If
  
- Open mcsc\_fp\_int2\_file
- If not successful

## Health Care Delivery Program D

```
    print_message ("Could not open MCSC Fee Payment Intermediate File 2.")
    exit program
End If
```

```
Open assigned_hcdp_file
If not successful
    print_message ("Could not open Assigned HCDP file.")
    exit program
End If
```

### Mainline:

```
LOAD_FAMILY (family, mcsc_ie_int2_file, mcsc_fam_int2_file, mcsc_fp_int2_file, assigned_hcdp_file)
```

```
Do While there are more families to process
```

```
    // loop through the entire family
```

```
    For current_ben = 1 To family.num_beneficiaries
```

```
        // get the number of MCSC records for the current beneficiary
```

```
        Set num_recs = GET_NUM_IE_RECORDS (family, current_ben)
```

```
        If num_recs > 1
```

```
            // the beneficiary has records from multiple contractors, so disenroll the beneficiary from all contractors except
```

```
            // the contractor from the most recent enrollment; enrollment records are stored in date order, so the last
```

```
            // enrollment record is the most recent
```

```
            For current_rec = 1 To num_recs - 1
```

```
                next_begin_date = GET_MCSC_IE_BEGIN_DATE (family, current_ben, current_rec + 1)
```

```
                If next_begin_date < GET_MCSC_IE_END_DATE (family, current_ben, current_rec)
```

```
                    // if the current enrollment record overlaps the next enrollment record,
```

```
                    // disenroll the beneficiary one day before the next enrollment becomes effective
```

```
                    mcsc_end_date = DAY_BEFORE (next_begin_date)
```

```
                    CHANGE_MCSC_END_IE_DATE (family, current_ben, current_rec, mcsc_end_date)
```

```
                    // the current enrollment record is now a history record, so it is no longer needed for the conversion
```

```
                    // indicate that this record is a history record in its error code and write it to the appropriate MCSC outp
```

```
                    SET_MCSC_IE_ERROR_CODE (family, current_ben, current_rec, errHistoryRecord)
```

```
                    mcsc_region = GET_MCSC_IE_REGION (family, current_ben, current_rec)
```

```
                    WRITE_MCSC_IE_RECORD (family, current_ben, current_rec, mcsc_ie_output_files[mcsc_region])
```

```
                End If
```

```
            Next
```

```
        End If
```

```
    Next
```

## Health Care Delivery Program Data Conversion Specifications

Version: 03

```
// join plans across regions into family plans
// write any errors, including history records, to the appropriate MCSC individual enrollment output file
MERGE_RECORDS_ACROSS_REGIONS (family, mcsc_ie_output_files)

// loop through the entire family
For current_ben = 1 To family.num_beneficiaries
    Set num_recs = GET_NUM_IE_RECORDS (family, current_ben)
    For current_rec = 1 To num_recs
        If GET_MCSC_IE_ERROR_CODE (family, current_ben, current_rec) == errOk
            WRITE_MCSC_IE_RECORD (family, current_ben, current_rec, mcsc_ie_int3_file)
        End If
    Next
Next

// write out all family and fee payment records for the family
WRITE_MCSC_FAM_RECORDS (family, mcsc_fam_int3_file)
WRITE_MCSC_FP_RECORDS (family, mcsc_fp_int3_file)

// load next family
LOAD_FAMILY (family, mcsc_input_file)

End While
```

### Finalization:

Close All Files

### 9.8.8. Compare Current DEERS Intermediate File 1 Against the Assigned HCDP / Create Current Intermediate File 2 (DRSCURR2)

**Variables:**

beneficiary  
current\_ben  
effective\_hcdp\_rec  
deers\_begin\_date  
deers\_end\_date  
assigned\_hcdp\_file  
deers\_int1\_file  
deers\_error\_file  
deers\_int2\_file

**Initialize:**

Open deers\_int1\_file  
If not successful  
    print\_message ("Could not open DEERS Intermediate File 1.")  
    exit program  
End If  
  
Open assigned\_hcdp\_file  
If not successful  
    print\_message ("Could not open Assigned HCDP file.")  
    exit program  
End If

**Mainline:**

**LOAD\_BENEFICIARY** (beneficiary, deers\_int1\_file, assigned\_hcdp\_file)

Do While there are more beneficiaries to process

    If **DEERS\_RECORD\_STILL\_ACTIVE** (beneficiary) = True

        // this enrollment hasn't ended yet, so compare it against the assigned HCDP

        deers\_begin\_date = **GET\_DEERS\_BEGIN\_DATE** (beneficiary)

        deers\_end\_date = **GET\_DEERS\_END\_DATE** (beneficiary)

        effective\_hcdp\_rec = **GET\_EFFECTIVE\_HCDP\_RECORD** (beneficiary, deers\_begin\_date, deers\_end\_date)

    If deers\_hcdp\_rec = NULL

        // beneficiary is not eligible for the entire enrollment, so error off the record

## Health Care Delivery Program Data Conversion Specifications

Version: 03

```
        WRITE_DEERS_ERROR_RECORD (beneficiary, deers_error_file, errPersonNotElig)
    Else
        // modify DEERS begin and end dates so that they fall within the eligibility specified by the assigned HCDP dat
        If effective_hcdp_rec.begin_date > deers_begin_date
            CHANGE_DEERS_BEGIN_DATE (beneficiary, effective_hcdp_rec.begin_date)
        End If

        If effective_hcdp_rec.end_date < deers_end_date
            CHANGE_DEERS_END_DATE (beneficiary, effective_hcdp_rec.end_date)
        End If

        WRITE_DEERS_RECORD (beneficiary, deers_int2_file)
    End If
End If

// load next beneficiary
LOAD_BENEFICIARY (beneficiary, deers_int1_file, assigned_hcdp_file)

End While
```

### Finalization:

Close All Files



### 9.8.9. Compare Current DEERS Intermediate File 2 Against the Third MCSC Intermediate File

**Create Merged Enrollment File (ENRLCURR), MCSC Output Files (MCSCI\_O01-16, MCSCF\_O01-16, MCSCP\_O01-16) and Prime Cat Cap Input File (PRMCCD)**

**Variables:**

- family
- current\_ben
- alt\_care\_type
- error\_code
- deers\_begin\_date
- deers\_end\_date
- mcsc\_begin\_date
- mcsc\_end\_date
- deers\_sponsor\_status
- mcsc\_sponsor\_status
- deers\_dmis\_id
- mcsc\_dmis\_id
- deers\_pcm\_cd
- mcsc\_pcm\_cd
- mcsc\_region\_id
- min\_family\_mcsc\_begin\_date
- max\_family\_mcsc\_end\_date
- assigned\_hcdp\_file
- mcsc\_ie\_int3\_file
- mcsc\_fam\_int3\_file
- mcsc\_fp\_int3\_file
- deers\_int2\_file
- deers\_error\_file
- enroll\_file
- mcsc\_ie\_output\_file[16]
- mcsc\_fam\_output\_file[16]
- mcsc\_fp\_output\_file[16]
- prm\_ccd\_file

**Initialize:**

- Open deers\_int2\_file
- If not successful
  - print\_message ("Could not open DEERS Intermediate File 2.")
  - exit program

## Health Care Delivery Program Data Conversion Specifications

Version: 03

End If

Open mcsc\_ie\_int3\_file

If not successful

    print\_message ("Could not open MCSC Individual Enrollment Intermediate File 3.")

    exit program

End If

Open mcsc\_fam\_int3\_file

If not successful

    print\_message ("Could not open MCSC Family Intermediate File 3.")

    exit program

End If

Open mcsc\_fp\_int3\_file

If not successful

    print\_message ("Could not open MCSC Fee Payment Intermediate File 3.")

    exit program

End If

Open assigned\_hcdp\_file

If not successful

    print\_message ("Could not open Assigned HCDP file.")

    exit program

End If

### Mainline:

**LOAD\_FAMILY** (family, deers\_int2\_file, mcsc\_ie\_int3\_file, mcsc\_fam\_int3\_file, mcsc\_fp\_int3\_file, assigned\_hcdp\_file)

Do While there are more families to process

    // loop through the entire family

    For current\_ben = 1 To family.num\_beneficiaries

        If **BEN\_HAS\_DEERS\_RECORD**(family, current\_ben)=True AND **DEERS\_RECORD\_STILL\_ACTIVE** (family,

            // the beneficiary has a DEERS record that hasn't ended yet, so check it against the current MCSC record

            alt\_care\_type = **GET\_ALT\_CARE\_TYPE** (family, current\_ben)

        If **BEN\_HAS\_MCSC\_RECORD** (family, current\_ben) = True

            // compare the current DEERS record to the current MCSC record

            deers\_begin\_date = **GET\_DEERS\_BEGIN\_DATE** (family, current\_ben)

            deers\_end\_date = **GET\_DEERS\_END\_DATE** (family, current\_ben)

## Health Care Delivery Program D

```
mcsc_begin_date = GET_MCSC_IE_BEGIN_DATE (family, current_ben)
mcsc_end_date = GET_MCSC_IE_END_DATE (family, current_ben)
deers_sponsor_status = GET_DEERS_SPONSOR_STATUS (family, current_ben)
mcsc_sponsor_status = GET_MCSC_SPONSOR_STATUS (family, current_ben)
deers_dmis_id = GET_DEERS_DMIS_ID (family, current_ben)
mcsc_dmis_id = GET_MCSC_DMIS_ID (family, current_ben)
deers_pcm_cd = GET_DEERS_PCM_CD (family, current_ben)
mcsc_pcm_cd = GET_MCSC_PCM_CD (family, current_ben)

If deers_dmis_id NOT EQUAL mcsc_dmis_id
    // the DEERS DMIS Id does not match the MCSC DMIS Id, so error off the record
    WRITE_DEERS_ERROR_RECORD (family, current_ben, deers_error_file, errLegMscDmisConfl
    SET_MCSC_IE_ERROR_CODE (family, current_ben, errLegMscDmisConflict)
    mcsc_region_id = GET_MCSC_IE_REGION_ID (family, current_ben)
    WRITE_MCSC_RECORD (family, current_ben, mcsc_error_file[mcsc_region_id])

    // this beneficiary will no longer affect the conversion, so delete the beneficiary from the family
    // alter the current beneficiary counter so that processing is not affected
    DELETE_BENEFICIARY (family, current_ben)
    current_ben = current_ben - 1
Else
    // compare the remaining fields; if there are any discrepancies, change the MCSC value to the DEERS
    If deers_begin_date > mcsc_begin_date
        mcsc_begin_date = deers_begin_date
        CHANGE_MCSC_IE_BEGIN_DATE (family, current_ben, mcsc_begin_date)
    End If

    If deers_end_date < mcsc_end_date
        mcsc_end_date = deers_end_date
        CHANGE_MCSC_IE_END_DATE (family, current_ben, mcsc_end_date)
    End If

    If deers_sponsor_status NOT EQUAL mcsc_sponsor_status
        CHANGE_MCSC_FAM_SPONSOR_STATUS (family, current_ben, deers_sponsor_status)
    End If

    If deers_pcm_cd NOT EQUAL mcsc_pcm_cs
        CHANGE_MCSC_IE_PCM_CD (family, current_ben, deers_pcm_cd)
    End If
```

## Health Care Delivery Program Data Conversion Specifications

Version: 03

```
        min_family_mcsc_begin_date = MIN (min_family_mcsc_begin_date, mcsc_begin_date)
        max_family_mcsc_end_date = MAX (max_family_mcsc_begin_date, mcsc_end_date)
    End If
Else
    // the beneficiary only has a DEERS record, so check to see if they should have an MCSC record
    If alt_care_type = prime_e
        // this alt-care plan requires enrollment through the MCSCs, so error off the record
        WRITE_DEERS_ERROR_RECORD (family, current_ben, deers_error_file, errDeersWoMcsc)

        // this beneficiary will no longer affect the conversion, so delete the beneficiary from the family recure
        // alter the current beneficiary counter so that processing is not affected
        DELETE_BENEFICIARY (family, current_ben)
        current_ben = current_ben - 1
    End If
End If

Else If BEN_HAS_MCSC_RECORD (family, current_ben) = True
    // the beneficiary only has an MCSC record, so error off the record
    SET_MCSC_IE_ERROR_CODE (family, current_ben, errMcscWoDeers)
    mcsc_region_id = GET_MCSC_IE_REGION_ID (family, current_ben)
    WRITE_MCSC_RECORD (family, current_ben, mcsc_error_file[mcsc_region_id])

    // this beneficiary will no longer affect the conversion, so delete the beneficiary from the family recure
    // alter the current beneficiary counter so that processing is not affected
    DELETE_BENEFICIARY (family, current_ben)
    current_ben = current_ben - 1
End If
Next

// loop through entire family
For current_ben = 1 To family.num_beneficiaries
    If BEN_HAS_MCSC_RECORD (family, current_ben) = True
        // write the record to the appropriate MCSC output record
        mcsc_region_id = GET_MCSC_IE_REGION_ID (family, current_ben)
        WRITE_MCSC_RECORD (family, current_ben, mcsc_output_file[mcsc_region_id])
    End If

    // create a merged enrollment record and write it to the output file
    MERGE_DEERS_REC_AND_MCSC_REC (family, current_ben)
    WRITE_MERGED_ENROLLMENT_RECORD (family, current_ben, enroll_file)
```

## Health Care Delivery Program D

```
// write prime cat cap data to the prime cat cap output file
WRITE_PRM_CCD_RECORD (family, current_ben, prn_ccd_file)
Next

CHANGE_MCSC_FAM_BEGIN_DATE (family, current_ben, min_family_mcsc_begin_date)
CHANGE_MCSC_FAM_END_DATE (family, current_ben, max_family_mcsc_end_date)

// write out all family and fee payment records for the family
mcsc_region_id = GET_MCSC_FAM_REGION_ID (family)
WRITE_MCSC_FAM_RECORDS (family, mcsc_fam_output_file[mcsc_region_id])
WRITE_MCSC_FAM_RECORDS (family, mcsc_fam_int4_file)

mcsc_region_id = GET_MCSC_FP_REGION_ID (family)
WRITE_MCSC_FP_RECORDS (family, mcsc_fp_output_file[mcsc_region_id])
WRITE_MCSC_FP_RECORDS (family, mcsc_fp_int4_file)

// load next family
LOAD_FAMILY (family, deers_int2_file, mcsc_ie_int3_file, mcsc_fam_int3_file, mcsc_fp_int3_file, assigned_hcdp_fi

End While

Finalization:
Close All Files
```

**Health Care Delivery Program Data Conversion Specifications**  
**Version: 03**

**9.8.10. Convert Merged Enrollment, Alt-Care History Intermediate, MCSC Fee Payment and Records to HCDP, HCDP Enrollment, PCM, Family Policy Enrollment Year and HCDP I Records**

**Variables:**

family  
current\_ben  
temp\_begin\_date  
enrollment\_begin\_date  
enrollment\_end\_date  
num\_records  
assigned\_hcdp\_file  
enroll\_file  
alt\_care\_int\_file  
mcsc\_fp\_int4\_file  
hcdp\_load\_file  
hcdp\_enrollment\_load\_file  
pcm\_selection\_load\_file  
prm\_fam\_enroll\_yr\_load\_file  
hcdp\_fee\_pmt\_load\_file

**Initialize:**

Open enroll\_file  
If not successful  
    print\_message ("Could not open Enrollment file.")  
    exit program  
End If  
  
Open alt\_care\_int\_file  
If not successful  
    print\_message ("Could not open Alt-Care Intermediate file.")  
    exit program  
End If  
  
Open mcsc\_fam\_int4\_file  
If not successful  
    print\_message ("Could not open MCSC Family Intermediate File 4.")  
    exit program  
End If

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```
Open mcsc_fp_int4_file
If not successful
    print_message ("Could not open MCSC Fee Payment Intermediate File 4.")
    exit program
End If
```

```
Open assigned_hcdp_file
If not successful
    print_message ("Could not open Assigned HCDP file.")
    exit program
End If
```

### Mainline:

```
LOAD_FAMILY (family, enroll_file, alt_care_int_file, mcsc_fam_int4_file, mcsc_fp_int4_file, assigned_hcdp_file)
```

```
Do While there are more families to process
```

```
    // loop through entire family
```

```
    For current_ben = 1 To family.num_beneficiaries
```

```
        // get the begin date of the first continuous enrollment
```

```
        temp_begin_date = GET_FIRST_ASSIGNED_HCDP_BEGIN_DATE (family, current_ben)
```

```
        enrollment_begin_date = GET_NEXT_ENROLLMENT_START_DATE (family, current_ben, temp_begin_date)
```

```
    Do While there are more continuous enrollments to process
```

```
        // get the end date of the continuous enrollment starting on enrollment_begin_date and convert
```

```
        enrollment_end_date = GET_CONTINUOUS_ENROLLMENT_END_DATE (family, current_ben, enrollme
```

```
        CONVERT_CONTINUOUS_ENROLLMENT (family, current_ben, enrollment_begin_date, enrollment_end
```

```
        // get the begin date of the next continuous enrollment
```

```
        enrollment_begin_date = GET_NEXT_ENROLLMENT_START_DATE (family, current_ben, enrollment_er
```

```
    End While
```

```
WRITE_CONVERTED_HCDP_RECORDS (family, current_ben, hcdp_load_file)
```

```
WRITE_CONVERTED_HCDP_ENROLLMENT_RECORDS (family, current_ben, hcdp_enrollment_load_file)
```

```
WRITE_CONVERTED_PCM_RECORDS (family, current_ben, pcm_selection_load_file)
```

```
Next
```

```
WRITE_CONVERTED_FAMILY_ENROLLMENT_RECORDS (family, prn_fam_enroll_yr_load_file)
```

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**WRITE\_CONVERTED\_FEE\_PAYMENT\_RECORDS** (family, hcdp\_fee\_pmt\_load\_file)

// load next family

**LOAD\_FAMILY** (family, enroll\_file, alt\_care\_int\_file, mcsc\_fam\_int4\_file, mcsc\_fp\_int4\_file, assigned\_hcdp\_file)

End While

### Finalization:

Close All Files



**Health Care Delivery Program D**

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